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Borough of Worthing



ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1966

J. A. G. GRAHAM

M.B., Ch.B., D.P.H.

Medical Officer of Health

and

Borough School Medical Officer

HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.

(TELEPHONE : WORTHING 7802)

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HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.
September, 1967.

To the Mayor, Aldermen and Councillors of the Borough of Worthing.

I have pleasure in presenting my Annual Report on the Health of Worthing in 1966. This is the fifth report for which I have been responsible and it follows the same pattern as in previous years.

Vital Statistics:

For the first year since 1957 the total number of babies born fell slightly, and the adjusted birth rate dropped as a result from 17.4 to 17.2 per 1,000 of the population. Deaths were also fewer than the previous year; heart disease was the commonest cause, claiming 692 victims. Deaths from cancer totalled 364—20 more than in 1965 and the largest number ever recorded in Worthing.

Infectious Disease:

1966 was a relatively quiet year for infectious illness with only 439 notifications; 386 of these were for measles. The number of patients on the tuberculosis register was reduced to 29 at the end of the year though 5 new cases of pulmonary tuberculosis were notified over the 12 month period. There were no cases of diphtheria or poliomyelitis.

Population:

We have heard much in recent years of Worthing's "imbalance of population", so much so that the phrase is now almost a cliché. In my report for 1962 I referred to the evidence which showed that many young adults appeared to be leaving the town within a few years of leaving school, and suggested that this may have been due to difficulty in finding suitable jobs or places to live. Since then the Council has done much to encourage young people to stay and to attract the young as well as the retired to come and live here. In particular the Council's 100% mortgage scheme for young couples and the additional work which has resulted from the active encouragement to business firms and insurance companies to come to Worthing has undoubtedly had a beneficial effect.

To what extent has the trend of our population to become older been halted or reversed? It is too soon to form definite conclusions, but the signs are definitely encouraging.

The last full census was in 1961 but on the night of the 24th/25th April 1966 a 10% sample census was undertaken. This showed that Worthing's population was approximately 83,900. A breakdown into five-

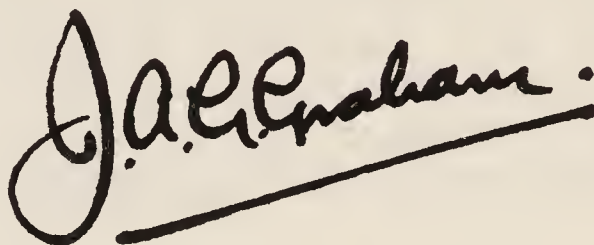
year age groups showed that the number of children under five had increased from 4.6% to 5.6% of the total population over the five year period—a reversal of the decline from 6.0% at the 1951 census. Adults aged 20 to 24 formed 4.1% of the population, an increase from 3.8% in 1961 and again a reversal of the earlier downward trend. The same pattern showed itself in the next age group, 25 to 29, even more markedly: the 4.6% of 1951 which had been reduced to 3.7% in 1961 had risen to 4.2%. In the age groups over 60 there was still an upward trend both in total numbers and as a percentage of the whole population, but the rate of increase was less.

This limited analysis, though far from conclusive, does appear to show that Worthing's unbalanced age structure is beginning to right itself. If this improvement can be maintained, the full census of 1971 should show an even better picture.

Acknowledgments:

My thanks are due to all the staff of the department, and in particular to my Deputy, Dr. J. C. Aitken, and to the Chief Public Health Inspector, Mr. J. R. Davenport. Mr. Davenport has once again contributed part III of this report dealing with the environmental health services in the Borough.

I should like to record also my indebtedness to the Chairman, Vice-Chairman and members of both the Health and Welfare and Education Committees for their active interest in the work of the department.

A handwritten signature in dark ink, reading "J. A. C. Enslin". The signature is written in a cursive style with a large initial "J" and a long horizontal line extending from the end of the name.

*Medical Officer of Health and
Borough School Medical Officer.*

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1966)

Chairman: ALDERMAN R. A. MITCHELL

Vice-Chairman: COUNCILLOR MRS. N. M. LEPHARD

ALDERMAN T. A. CLIFFORD

COUNCILLOR A. L. BAKER

COUNCILLOR MRS. W. M. DREDGE

COUNCILLOR A. E. DUNNING

COUNCILLOR N. C. MOODY

COUNCILLOR DR. R. H. NEEVE

COUNCILLOR M. G. SPOFFORTH

COUNCILLOR A. J. WELLS

COUNCILLOR MRS. V. M. WHITE

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1966)

Mayor: ALDERMAN E. J. W. CUER, M.P.S., J.P.

Chairman: COUNCILLOR MRS. H. M. PERYER

Vice-Chairman: COUNCILLOR P. H. THOMAS

ALDERMAN R. EDWARDS

ALDERMAN F. KENTON

COUNCILLOR V. S. CAMBRIDGE

COUNCILLOR F. J. CHAPMAN

COUNCILLOR MRS. W. M. DREDGE

COUNCILLOR MRS. G. J. FOYLE

COUNCILLOR S. M. KNIGHT, J.P.

COUNCILLOR N. C. MOODY

COUNCILLOR C. P. WALL

COUNCILLOR E. L. WALTER

COUNCILLOR MRS. V. M. WHITE

West Sussex County Council Members:

COUNTY ALDERMAN MAJOR S. R. BROOKS

COUNTY ALDERMAN C. P. MASON, M.B.E.

COUNTY ALDERMAN R. MARTIN

COUNTY COUNCILLOR A. G. W. PENNEY

Co-opted: MR. S. C. ELLIOTT; MR. T. A. EVANS, M.A.,

MRS. R. L. WILMOT

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as on the 31st December, 1966)

Chairman: COUNCILLOR P. H. THOMAS

ALDERMAN R. EDWARDS

COUNCILLOR F. J. CHAPMAN

COUNCILLOR N. C. MOODY

COUNCILLOR MRS. H. M. PERYER

Co-opted: MRS. R. L. WILMOT

STAFF :

(as on the 31st December, 1966)

Medical Officer of Health and Borough School Medical Officer

J. A. G. GRAHAM, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health and Deputy Borough School Medical Officer

J. C. AITKEN, M.B., CH.B., D.P.H.

Assistant Medical Officer and School Medical Officer

A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

Chief Public Health Inspector

J. R. DAVENPORT, M.A.P.H.I.

Deputy Chief Public Health Inspector

M. BLAKE, M.A.P.H.I.

District Public Health Inspectors

L. A. BIGGS, M.A.P.H.I.

P. E. CHATTELLE, M.A.P.H.I.

J. E. FANNON, M.A.P.H.I.

D. L. OAKES, M.A.P.H.I.

G. T. PARSONS, M.A.P.H.I.

M. P. WAITT, M.A.P.H.I.

Area Dental Officer

D. E. GIBBONS, L.D.S., R.C.S., B.D.S.

Consultant Geriatric Physician

*R. B. FRANKS, M.B., M.R.C.P.

Consultant Ophthalmologist

*A. LYTON, F.R.C.S., D.O.

Consultant Orthopaedic Surgeon

*J. A. CHOLMELEY, F.R.C.S.

Consultant Psychiatrist

*M. ALDRIDGE, B.A., M.B., CH.B., D.P.M.

Area Nursing Officer and Superintendent Health Visitor

MISS M. NASH, S.R.N., S.C.M., H.V.CERT., DIP.SOC.SC.

Senior Health Visitor

MISS G. CARTER, S.R.N., S.C.M., H.V.CERT.

Health Education Organiser

MRS. E. LOWETH, S.R.N., H.V.CERT.

Health Visitors (7½)

Domiciliary Midwives (3)

Domiciliary Nurses (19)

Nursing Auxiliaries (6)

Home Help Organiser

MRS. J. A. KENTON

Home Helps (78 Regular Part-time)

Medical Social Worker

MISS O. M. CATER, A.I.M.S.W.

Senior Mental Welfare Officer

L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O.

Handicapped Services Officers

MRS. J. A. BOULD, M.A.O.T.

MRS. C. EMERY

Mental Welfare Officer

D. H. HARNOTT, R.M.N.

Senior Chiropodist

E. JONES, S.R.N., M.C.S.P., S.R.CH.

Orthoptist

*MISS H. WISE, D.B.O.

Physiotherapist

*MRS. P. MARKWICK, M.C.S.P.

Speech Therapist

Vacancy

Chief Clerk

T. L. CANTON

Clerks (14)

Other Staff

Chiropody Clinic Assistant (1)

Dental Surgery Assistant (1)

*Dental Receptionist/Clerk (1)

Social Centre Hostess (1)

Rodent Operators (2)

Student Public Health Inspectors (2)

General Assistant (1)

Mortuary Attendant (1)

*Part-time

PART I.

STATISTICS INFECTIOUS DISEASE AND METEOROLOGY

GENERAL STATISTICS

Area of Municipal Borough, including foreshore	8512.742 acres
Population (Census 1921)	31,520
Population (Census 1931)	46,230
Population (Census 1951)	69,431
Population (Census 1961)	80,329
Population (Census 1966—10% sample)	approx. 83,900
Registrar-General's Estimate of Resident Population (1966)	81,100
Number of inhabited Houses (1921)	7,710
Number of inhabited Houses (1966)	33,100
Rateable Value (1966)	£5,310,482
Estimated sum represented by a penny rate (1966-67) ..	£21,000

Population

The Registrar-General's estimate of the mid year population in 1966 (81,100) has been used throughout this report to calculate rates. The corresponding figure for 1965 was also 81,100.

VITAL STATISTICS

Vital statistics relating to mothers and infants are set out below in the form and detail requested by the Ministry of Health.

	1965	1966
<i>Live Births:</i>		
Number	933	918
Rate per 1,000 population (adjusted)	17.4	17.2
<i>Illegitimate Live Births</i> (per cent. of total live births) ..	8.7	8.6
<i>Stillbirths:</i>		
Number	13	11
Rate per 1,000 total live and stillbirths	13.7	10.8
<i>Total Live and Stillbirths</i>	946	929
<i>Infant deaths</i> (deaths under 1 year)	10	19
<i>Infant mortality rates:</i>		
Total infant deaths per 1,000 total live births	10.7	20.7
Legitimate infant deaths per 1,000 legitimate live births	10.7	21.5
Illegitimate infant deaths per 1,000 illegitimate live births	0.0	12.7
<i>Neo-natal mortality rate:</i>		
(Deaths under four weeks per 1,000 total live births) ..	5.4	14.2
<i>Early Neo-natal mortality rate:</i>		
(Deaths under one week per 1,000 total live births) ..	5.4	10.9

	1965	1966
<i>Peri-natal mortality rate:</i>		
(Stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	19.0	22.6
<i>Maternal mortality (including abortions)</i>		
Number of deaths	—	—
Rate per 1,000 total live and stillbirths	0.0	0.0

BIRTHS

The adjusted birth rate is obtained by multiplying the crude birth rate (11.3) by the factor of 1.52. This factor is provided by the Registrar-General and enables the comparison of birth rates of all districts regardless of age and sex distribution. The live birth rate for Worthing in 1966 adjusted in this way is raised from 11.3 to 17.2 per 1,000 of population. The live birth rate for England and Wales in 1966 was 17.7 per 1,000.

Table 1 on page 20 shows the total number of births and birth rates in Worthing over the last 40 years.

<i>Live births:</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	428	411	839			
Illegitimate	39	40	79			
	467	451	918			

The percentage of illegitimate births is almost the same as last year (8.6% compared with 8.7%). The table below compares these figures with those of West Sussex and with England and Wales.

	Worthing Borough		West Sussex		England & Wales	
	1965	1966	1965	1966	1965	1966
Live births per 1,000 population in 1966	17.4	17.2	17.1	16.6	18.1	17.7
% of illegitimate births in 1966	8.7	8.6	6.8	7.1	7.7	7.9
Average % of illegitimate births 1961-1965	6.6	6.5	5.3	5.3	6.4	6.9

DEATHS

	1965	1966
Registered in the Borough	1,837	1,800
Inward transfers (residents dying outside Borough)	320	341
Outward transfers (non-residents dying in Borough)	264	256
Total deaths (adjusted)	1,895	1,885
Crude death rate per 1,000 population	23.4	23.2
Standardised death rate per 1,000 population	10.3	10.0

A crude death rate is not a good measure of the health of a town. If this were so, places like Worthing, whose crude death rate in 1966 was 23.2, would seem most unhealthy. The high death rate is of course due to the age structure of the population. As with the birth rate, the Registrar-General supplies an "area comparability factor." This was 0.43 for 1966 and when the crude death rate is multiplied by this figure, the standardised death rate becomes 10.0. This can be compared with standardised death rates for other

towns and districts, and also with the death rate for England and Wales which was 11.7 per 1,000 of the population in 1966.

Deaths were 10 fewer than in 1965, and though as usual the highest proportion was in the first quarter of the year, this was not excessive and followed the normal pattern—i.e. between 27% and 30% of the total for any particular year:—

Year	Total number of deaths	Number of deaths in 1st quarter	% of total
1962	1807	540	29.9
1963	1934	696	35.9
1964	1772	502	28.3
1965	1895	514	27.2
1966	1885	535	28.4

Stillbirths and infant mortality

There were 11 stillbirths in 1966, (two less than in 1965) and 19 infant deaths under one year (10 in 1965). Of the 19 infant deaths during 1966, nine were on the first day of life and a further five within the next four weeks.

In 8 cases deaths were attributable to prematurity or significantly associated with prematurity, and five others were the result of congenital disease. In five cases the cause of death was given as acute pneumonia or acute bronchiolitis (in three of these the infection was with a virus) and in one case death was due to cerebral anoxia following a precipitate birth in a post-mature baby.

Maternal Mortality:

There were no maternal deaths during the year.

Deaths from Heart Disease:

As would be expected in an elderly population, disease of the heart was the commonest of all causes of death.

Of the 1,885 deaths it was the cause in 692 cases (male 304 and female 388). It represented 36.7 per cent. of the total deaths from all causes and was equivalent to a death rate of 8.5 per 1,000 of the population. The corresponding death rate for England and Wales was 3.7.

The table below shows the number of deaths from heart disease and the rates per 1,000 of the population in the past 5 years.

Year	Coronary disease Angina		Hypertension with heart disease		Other heart disease		Total	Rate per 1,000 of the population
	M.	F.	M.	F.	M.	F.	M. and F.	
1962	162	154	8	14	95	209	642	8.1
1963	207	158	8	21	128	251	773	9.7
1964	184	156	11	14	90	199	654	8.1
1965	208	187	4	14	96	195	704	8.7
1966	198	180	4	7	102	201	692	8.5

Deaths from coronary disease or angina have continued to be commoner in males than females, in contrast with other forms of heart disease where deaths in females outnumber those in males by about two to one.

Deaths from Vascular Lesions of the Nervous System

Under this heading are coded all deaths from strokes (commonly due to a cerebral haemorrhage or cerebral thrombosis), and degenerative disease of the blood vessels supplying the brain. Together such deaths numbered 382 in 1966 and were the second commonest cause. This is a rate of 4.7 per 1,000 of the population (compared with 1.6 for England and Wales) and constituted 20.3 per cent. of the total number of deaths in Worthing during the year.

Deaths from Cancer

Cancer was the third commonest cause of death in 1966. The total number of deaths was 364 (males 163, females 201), the highest ever recorded. The death rate from the disease (4.49 per 1,000 population) also reached a new peak, likewise the proportion of the total number deaths due to this cause (19.4%).

The table below shows the number of cancer deaths, the rates per 1,000 of the population and the percentage of total deaths in the past 5 years.

Year	Number of deaths	Rate per 1,000 of the population	% of total deaths
1962	335	4.20	13.0
1963	306	3.84	15.8
1964	339	4.21	19.2
1965	344	4.24	18.1
1966	364	4.49	19.4

The localisation of the disease in the case of the 364 deaths recorded is shown below:—

Localisation	No. of deaths		
	Male	Female	Total
Stomach	14	23	37
Lungs	67	18	85
Breast	—	45	45
Uterus	—	10	10
Other and unspecified organs ..	82	105	187
Total ..	163	201	364

During the past 40 years the death rates from cancer per 1,000 of the population has varied from 2.14 to 4.49. These rates are considerably higher than that for the country as a whole, and to some extent this is accounted for by the high proportion of aged persons resident in the Borough. The rate for England and Wales in 1966 was 2.25 per 1,000 population.

Deaths from Influenza, Pneumonia and Bronchitis

Together, these illnesses were the fourth commonest cause of death. There were 147 deaths in 1966.

This is a rate of 1.8 per 1,000 of the population and slightly lower than in the previous years as the table below shows. The rate for England and Wales was 0.85.

Year	Influenza	Pneumonia	Bronchitis	Total	Rate per 1,000 of the population
1962	7	124	75	206	2.6
1963	6	145	72	223	2.8
1964	1	96	65	162	2.0
1965	2	125	55	182	2.2
1966	3	92	52	147	1.8

Deaths from Tuberculosis

Registered deaths from tuberculosis numbered one only (pulmonary), a rate of 0.01 per 1,000 population. The rate for England and Wales in 1966 was 0.05 per 1,000 population.

The table below shows the number of deaths from tuberculosis and the rates per 1,000 population in the past five years:—

Year	Number of deaths	Rate per 1,000 of the population
1962 ..	6	0.07
1963 ..	7	0.09
1964 ..	4	0.05
1965 ..	3	0.04
1966 ..	1	0.01

Deaths from suicide

There were 11 suicides in 1966, four less than in 1965. There have been 149 suicides in the past decade, an average of 15 per annum. Nearly 50 per cent. of all suicides during 1962-1966 were of persons over pensionable age:—

Year		AGE GROUPS							Total
		15-24	25-34	35-44	45-54	55-64	65-74	75 and over	
1962	M	—	1	—	2	—	3	2	8
	F	—	2	—	3	—	3	—	8
1963	M	—	1	—	4	3	3	—	11
	F	—	—	1	2	2	2	1	8
1964	M	1	—	—	1	2	4	—	8
	F	—	—	—	1	4	2	6	13
1965	M	1	1	—	1	3	2	—	8
	F	—	—	—	1	1	4	1	7
1966	M	—	1	—	1	1	—	1	4
	F	—	1	1	—	2	1	2	7
Total		2	7	2	16	18	24	13	82

Further statistical information about deaths is given in Tables II to VI on 21 to 24.

INFECTIOUS DISEASE

Under various Acts and Regulations dating from 1900 there are 22 diseases which are compulsorily notifiable to the Medical Officer of Health. For practical purposes the notification of such illnesses as plague, cholera and typhus is of academic interest only in this country, though they are still common in many parts of the world. England has not seen cholera since the 19th century. Leprosy became notifiable to the Medical Officer of Health on 1st March, 1966.

Serious infectious illnesses such as smallpox, diphtheria, typhoid and polio still occur with sufficient frequency to keep public health departments watchful. Whenever a case occurs in a community immediate action is required to prevent spread.

Table VII on page 25 shows the incidence of notifiable infectious illness in Worthing during the past 14 years. Table VIII on page 26 analyses in more detail the cases which occurred in 1966.

Scarlet fever:

The number of confirmed cases was 29, the largest number since 1960. Scarlet fever nowadays is usually a very mild disease and complications are rare.

Whooping cough:

Notifications for the year numbered 8, seven less than in 1965. The gradual fall in the last few years in the incidence of this unpleasant childhood illness is undoubtedly due to immunisation in infancy. See page 55 for further details.)

Diphtheria:

For the nineteenth year in succession there were no cases of diphtheria in the Borough. The last case was in 1947 and the last death in 1946.

Measles:

Notifications number 386 compared with 759 in 1965.

In February vaccine against measles was made available to doctors and local authorities, but no general scheme of measles vaccination has yet been recommended.

Acute Pneumonia:

Two cases were notified during the year. Only acute primary and acute influenzal pneumonia are notifiable diseases. Excluded are the much commoner forms of broncho-pneumonia secondary to such infections as bronchitis. This explains the apparent anomaly that there were 92 deaths from pneumonia but only two notifications.

Meningococcal infection:

Three cases of meningococcal meningitis were notified, in a girl of 3½, a boy of 16, and a woman of 78. Though all three cases occurred within a period of two weeks, there was no family or other connection. The woman of 78 died, but the others fully recovered.

Poliomyelitis:

No cases were notified during the year. Only one case of poliomyelitis has been notified in Worthing since 1958.

Dysentery:

One case was notified during the year—a child aged 5 years.

Puerperal Pyrexia:

By definition puerperal pyrexia is any febrile condition occurring in a woman in whom a temperature of 100.4°F. or more has occurred within 14 days after childbirth or miscarriage.

There were two notifications of puerperal pyrexia in 1966.

Enteric fever:

This includes typhoid and paratyphoid fevers. One case of each was notified during the year. Despite careful investigations it was not possible to trace the source of infection. Both patients were treated in hospital and made uneventful recoveries. There were no secondary cases.

Food Poisoning:

For the fourth year in succession there were no general or family outbreaks of food poisoning—a tribute to the generally high standard of food handling in Worthing.

Erysipelas:

One case was notified during the year. Erysipelas is an infection of the skin due to the streptococcus—the same organism which may cause scarlet fever or sore throat.

Tuberculosis:

During the year the total number of patients on the register decreased from 59 to 29. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.66 ..	36	2	21	—	59
New cases ..	2	—	3	—	5
Number of cases restored to register ..	—	—	1	—	1
Number of cases added other than by formal notification	2	—	—	2	4
Number of cases removed from register	23	1	14	2	40
Number of cases on register on 31.12.66	17	1	11	—	29

Formal notifications numbered 5, 9 less than in 1965. The table below analyses these further by age and sex:—

Age period	Males	Females	Total
Under 1 year ..	—	—	—
1- 4 years ..	—	—	—
5-14 years ..	—	—	—
15-24 years ..	—	—	—
25-34 years ..	1	1	2
35-44 years ..	—	1	1
45-54 years ..	1	—	1
55-64 years ..	—	—	—
65 years and over ..	—	1	1
All ages ..	2	3	5

Deaths :

The Registrar-General's return of causes of death indicate that one person died from pulmonary tuberculosis in the age group 55-64.

Further information about suspected tuberculosis discovered by mass radiography is given on page 58. Details about the progress of B.C.G. vaccination are on page 58.

Leprosy:

New regulations about leprosy came into force this year, whereby notification is now made to the Medical Officer of Health, and not directly to the Chief Medical Officer of the Ministry of Health. The Leprosy Register for England and Wales numbered 340 at the end of the year. The two Worthing cases are classified as quiescent.

Venereal Disease:

I am indebted to Dr. D. R. Levinson, Consultant Venereologist, for the following statistics which relate to West Sussex patients seen at Worthing Hospital during the past five years:—

Disease	Number of new cases in year				
	1962	1963	1964	1965	1966
Syphilis	4	6	5	9	4
Gonorrhoea	24	17	25	37	52
Other conditions	86	133	105	168	182
Total	114	156	135	214	238

The above figures include patients who live outside the Borough. Not included are others who are resident here but attended treatment centres elsewhere, e.g. in Brighton. The incidence of venereal disease in this country has been rising during the last few years, and there were 24 more cases in 1966 than in 1965 at the Worthing Clinic and 124 more compared with five years ago—an increase of over 100%.

METEOROLOGY

The Meteorological Station is in Beach House Park which is 25 feet above Ordnance Datum. Here all the instruments, except the Fortin Standard Barometer and the Sunshine Recorder are kept. Observations are taken every day throughout the year at 9 a.m. and 6 p.m.

All instruments at the local Meteorological Observatory are examined and tested periodically by Officers of the Meteorological Office, Air Ministry, Bracknell, Berkshire.

A code report is sent by telephone each evening to the Meteorological Office, London, and the leading newspapers are supplied with reports from that Office.

Weekly reports are sent to the local newspapers, and a full report monthly to the Meteorological Office, Bracknell, for publication in their journals. Rainfall statistics are supplied to the British Rainfall Organisation.

The daily weather report of the Air Ministry, the previous day's sunshine card and a collection of charts and records are also exhibited in the windows of the Information Bureau at the Pier.

A statistical summary of Worthing's climate over the past 60 years can be found in Table IX on page 27. From these figures emerge the following records:

Lowest temperature	13°F. in 1929
Highest temperature	90°F. in 1947
Lowest rainfall	13.26 inches in 1921
Highest rainfall	41.43 inches in 1960
Least sunshine	1,600.2 hrs. in 1913
Most sunshine	2,128.9 hrs. in 1949

1966—DULL AND WET

For the fifth year in succession sunshine was below average and the total of 1652.6 hours, 168 hours below normal, made it the duller year since 1963. Since this century began there have been only seven duller years. Seven months recorded less than average sunshine and January and February together measured only 72.3 hours as against the average of 154 hours. It was the duller January since 1912. May and June were sunnier than usual, these two months together recording 506.2 hours. July was dull but August and September together had 423.1 hours—average 384 hours.

The year was the wettest since 1960. 31.23 inches of rain were recorded—3.74 inches above normal. February was the wettest but one since 1937 and April was the wettest since records began in 1887. October also had double the average—5.67 inches but March and September were the driest months with less than an inch being measured.

1966 was mild and had the highest mean temperature since 1961. Eight months recorded mean temperature above the average and June recorded temperatures in the "80's." The winter was the mildest for five years with temperatures above average on one day in two. The 92 "official" days of summer were disappointing, however, the temperatures reaching the "70's" on only 15 days.

Summary of Observations :

Total amount of bright sunshine : 1,652.6 hours.

Number of days with sunshine : 296.

Rainfall : 31.23 inches.

Number of rain days (.01 inch or more) : 178.

Number of wet days (.04 inch or more) : 135.

Highest barometric reading : 30.700 inches on 19th March.

Lowest reading : 28.858 inches on 5th November.

Warmest day : 9th June (81°).

Coldest night : 19th January (22°).

Coldest day : 18th January (30°).

Warmest night : 12th August (63°).

Warmest month (by day) July (average temperature 67.6°).

Coldest month (by night) January (average temperature 35.6°).

Mean temperature : 51.2°.

Mean relative humidity, at 9 a.m. : 83.3%.

Lowest temperature on the grass : 19° on January 17th and 19th.

Wettest day : 6th August (1.38 inches).

Sunniest day : 30th May (14.9 hours).

Number of days snow or sleet fell : 8.

Number of days hail fell : 1.

Number of days thunder heard : 7.

Number of ground frosts : 54.

Number of days with gales : 6.

Number of days snow lying : 11.

Number of days with fog (9 a.m.) : 3.

Bright Sunshine

The Campbell-Stokes Sunshine Recorder is fixed on a platform at the top of Christ Church tower, 111 feet above mean sea level and 84 feet above ground level.

The duration of bright sunshine for the year was 1,652.6 hours. This is the sixth position for mainland stations in the South-Eastern Coastal Area.

This amount is 36.4 per cent. of the time during which the sun was above the horizon, giving a daily mean of 4.53 hours. The average yearly sunshine for the previous ten years was 1,766.9 hours. During this period the year with the highest record was 1959, when 2,123.9 hours were recorded, whilst the year 1958 was the lowest with 1,601.5 hours. The sunniest day was 30th May when 14.9 hours were recorded.

June with 256.2 hours, was the sunniest month and February with 35.9 hours, was the least sunny.

A sunless day is one on which less than six minutes of bright sunshine are recorded. Table X, XI and XII on pages 28, 29 and 30 give further details.

Rainfall

This is measured by an official 5 inch Copper Rain Gauge (Met. Office pattern).

The rainfall for the year 1966 was 31.23 inches. This amount is 3.74 inches above the Normal and 2.63 inches above the previous ten years' average.

The month of March was the driest with 0.73 inch falling below the Normal amount by 0.99 inch. October was the wettest month with 5.67 inches, this amount being 2.72 inches above the Normal. The heaviest daily rainfall was 1.38 inches on 6th August. There were 178 days on which 0.01 inch or more rain fell, compared with 157 days which is the average number for the previous ten years.

One inch of rainfall is equivalent to 100.925 tons per acre or 14.4686 millions of gallons per square mile.

SUMMER RAINFALL. Total for six months (1st April to 30th September) was 13.73 inches compared with an average summer rainfall for the previous ten years of 12.77 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 17.50 inches, compared with an average winter rainfall for the previous ten years of 15.73 inches.

Tables XIII and XIV on pages 31 and 32 give further information.

Barometric pressure

The mean barometric reading for the year was 29.950 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous ten years being 29.997 inches. The highest reading for the year was 30.700 inches on 19th March, and the lowest reading was 28.858 inches on 5th November. The absolute range for the year was 1.842 inches and the average range for the previous ten years 1.875 inches.

One inch barometric pressure is equivalent to 70.727 lbs. per square foot.

Table XV on page 33 shows the monthly readings.

Temperature and Humidity

The shade thermometers, in a Stevenson screen, are:—self-recording maximum, self-recording minimum, dry bulb and wet bulb.

All thermometers are Fahrenheit and are verified at the National Physical Laboratory, Kew.

A self-recording minimum thermometer is used for registering the temperature on the grass.

Two earth thermometers are in use at various depths—1ft. and 4ft.

The mean temperature for the year was 51.2° Fahr. which is 0.2° above the Normal. The highest shade temperature for 1966 was 81° recorded on 9th June, and the lowest 22° on 19th January. The extreme range of temperature was 59° compared with an average range of 56° for previous

ten years. The temperature on the grass fell below 32° on 54 nights. The lowest temperature on the grass was 19° during the night of January 17th and 19th.

EARTH TEMPERATURES. The highest and lowest temperatures at various depths in the earth were as follows: —

<i>Below</i>				
<i>Surface</i>	<i>Highest</i>	<i>Date</i>	<i>Lowest</i>	<i>Date</i>
1ft.	65.4°	10th July	35.0°	20th January
4ft.	61.0°	27th August	41.9°	24th January

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 83.4% compared with the previous ten years' average of 83%.

Table XVI on page 33 gives the monthly mean maximum and minimum temperature readings and Table XVII on page 34 further details on cloud and relative humidity.

Wind

Percentages of direction of wind from 730 observations taken at 9 a.m. and 6 p.m. throughout the year: —

	<i>9 a.m.</i>	<i>6 p.m.</i>		<i>9 a.m.</i>	<i>6 p.m.</i>
	%	%		%	%
N.	9.6	9.6	S.	8.2	6.9
N.E.	15.6	11.2	S.W.	29.0	28.8
E.	4.6	4.6	W.	12.0	19.2
S.E.	9.0	7.7	N.W.	12.0	12.0
Calm	—	—			

Further details can be found in Table XVIII on page 35.

Visibility

This is measured on an arbitrary scale which depends on ability to see a particular object from a fixed view point. For example, if maximum visibility from the office gate is the north west corner of the town hall (a distance of 110 yards), then “thick fog” is present, designated by the letter “C.” If on the other hand visibility from Christ Church Tower extends to Selsey Bill (18¼ miles), but not Beachy Head (27 miles) then it is said to be “very good” (L), but not “excellent” (M).

During 1966, fog was recorded on three occasions at 9 a.m. Excellent visibility was recorded on 54 occasions. The complete record is shown in Table XIX on page 36 with a key to the table on page 37.

TABLE I**BIRTHS**

The following table shows the number of births, and birth rate of Worthing, for the last 40 years.

		Total Births (live and still)	Males	Females	Birth Rate (live and still)	Adjusted Birth Rate (live and still)
1927	...	432	223	209	11.9	—
1928	...	462	223	239	12.2	—
1929	...	494	242	252	11.9	—
1930	...	534	278	256	12.6	—
1931	...	553	299	254	12.5	—
1932	...	513	256	257	11.0	—
1933	...	514	255	259	10.6	—
1934	...	615	292	323	11.9	—
1935	...	621	296	325	11.5	—
1936	...	687	340	347	12.4	—
1937	...	729	378	351	12.4	—
1938	...	712	347	365	10.8	—
1939	...	763	400	363	12.4	—
1940	...	657	362	295	9.6	—
1941	...	590	305	285	10.1	—
1942	...	724	346	378	13.3	—
1943	...	775	417	358	14.3	—
1944	...	924	491	433	17.1	—
1945	...	811	427	384	13.8	—
1946	...	1059	536	523	16.3	—
1947	...	1003	527	476	15.0	—
1948	...	861	453	408	12.8	—
1949	...	818	444	374	12.0	—
1950	...	714	350	364	10.4	12.4
1951	...	699	383	316	10.3	12.2
1952	...	658	328	330	9.7	11.5
1953	...	613	321	292	9.0	10.7
1954	...	659	324	335	9.6	12.8
1955	...	671	354	317	9.6	12.8
1956	...	701	368	333	9.8	12.0
1957	...	697	341	356	9.6	13.1
1958	...	716	378	338	9.5	12.5
1959	...	726	392	334	9.6	11.1
1960	...	791	413	378	10.1	11.6
1961	...	793	398	395	10.0	11.0
1962	...	834	428	406	10.5	11.7
1963	...	864	433	431	10.8	16.4
1964	...	931	488	443	11.5	17.5
1965	...	946	466	480	11.7	17.7
1966	...	929	472	457	11.5	17.4

The live birth rate for England and Wales for 1966 was 17.7 per 1,000 population.

TABLE II
DEATHS (1947-1966)

The total number of deaths assigned to Worthing after allowing for inward and outward transfers was 1,885, 775 males and 1,110 females, giving a crude death rate of 23.2 per 1,000 population.

The corrected death rate after adjustment is 10.0.

Year	No. of Deaths	Crude Death Rate	Adjusted Death Rate
1947	1,251	18.7	(no comparability factor issued)
1948	1,103	16.3	„
1949	1,209	17.8	10.0
1950	1,336	19.5	10.9
1951	1,375	20.2	11.1
1952	1,235	18.3	10.1
1953	1,308	19.3	10.6
1954	1,299	19.0	9.7
1955	1,269	18.2	9.3
1956	1,474	20.6	11.1
1957	1,338	18.4	9.9
1958	1,481	19.9	10.7
1959	1,593	21.3	13.4
1960	1,640	21.3	13.2
1961	1,751	22.0	14.3
1962	1,807	22.6	14.7
1963	1,934	24.3	11.4
1964	1,772	22.0	10.3
1965	1,895	23.4	10.3
1966	1,885	23.2	10.0

TABLE III
CAUSES OF DEATH—1966

(according to figures issued by the General Register Office)

All Causes	Males 775	Females 1110	Total 1885
Tuberculosis, Respiratory	1	—	1
Tuberculosis, other	—	—	—
Syphilitic Disease	2	1	3
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal infections	—	1	1
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases ...	1	1	2
Malignant neoplasm, Stomach	14	23	37
Malignant neoplasm, Lung, Bronchus ...	67	18	85
Malignant neoplasm, Breast	—	45	45
Malignant neoplasm, Uterus	—	10	10
Other malignant and lymphatic neoplasms	82	105	187
Leukaemia aleukaemia	5	5	10
Diabetes	1	6	7
Vascular lesions of Nervous System ...	129	253	382
Coronary disease, Angina	198	180	378
Hypertension with heart disease	4	7	11
Other heart disease	102	201	303
Other circulatory disease	23	52	75
Influenza	—	3	3
Pneumonia	33	59	92
Bronchitis	41	11	52
Other diseases of respiratory system ...	5	7	12
Ulcer of stomach and duodenum	9	10	19
Gastritis, enteritis and diarrhoea	2	3	5
Nephritis and nephrosis	2	7	9
Hyperplasia of prostate	3	—	3
Pregnancy, childbirth, abortion	—	—	—
Congenital malformations	3	1	4
Other defined and ill-defined diseases ...	34	60	94
Motor vehicle accidents	5	6	11
All other accidents	5	28	33
Suicide	4	7	11
Homicide and operations of war	—	—	—

TABLE IV
DEATHS IN AGE GROUPS — 1966

Age		Deaths	Age		Deaths
Under 1 year	...	19	35 to 44 years	...	10
1 to 2 years	...	2	45 to 54 "	...	51
3 to 4 "	...	—	55 to 59 "	...	66
5 to 9 "	...	—	60 to 64 "	...	122
10 to 14 "	...	—	65 to 69 "	...	175
15 to 19 "	...	1	70 to 79 "	...	605
20 to 24 "	...	4	80 to 89 "	...	636
25 to 34 "	...	8	90 years and over	...	186
Total number of deaths ... 1,885					

This analysis shows that 75.7 per cent. of the deaths were of persons aged 70 years of age and upwards.

TABLE V
INFANT MORTALITY (1947-1966)

The number of deaths under one year of age was 19 (11 males and 8 females), giving an infant mortality rate of 20.7 per 1,000 live births. The corresponding rate for England and Wales for the year under review was 19.0.

Year			No. of Infant Deaths	Proportion per 1,000 live births (i.e. Infant Mortality Rate)	Percentage of Total Deaths at all ages	Infant Mortality Rate in England and Wales
1947	..	..	31	31.9	2.4	41
1948	..	..	20	23.8	1.8	34
1949	..	..	16	19.5	1.3	32
1950	..	..	22	30.8	1.6	30
1951	..	..	17	24.6	1.3	30
1952	..	..	11	16.7	0.9	28
1953	..	..	16	26.6	1.2	27
1954	..	..	19	29.6	1.5	26
1955	..	..	13	19.8	1.0	25
1956	..	..	22	32.3	1.5	24
1957	..	..	13	19.2	1.0	23
1958	..	..	15	21.2	1.0	23
1959	..	..	9	12.7	0.6	22
1960	..	..	16	20.6	0.9	22
1961	..	..	14	17.9	0.8	21
1962	..	..	16	19.4	0.9	21
1963	..	..	17	19.9	0.9	21
1964	..	..	13	14.1	0.7	20
1965	..	..	10	10.7	0.5	19
1966	..	..	19	20.7	1.0	19

40 YEARS VITAL STATISTICS — TABLE VI

Year.	Total (live and still) Births.		Deaths.							Registrar General's Popu- lation				
			All causes.		Infants under 1 year.		Maternal Mortality							
	No.	R.*	No.	R.**	Sepsis.	Other Causes	Rate†	Tuberculosis			Cancer.			
								No.	R.*		No.	R.*	No.	R.*
1927	432	11.9	571	15.7	20	46	1	2	6.94	28	0.76	84	2.31	36,350
28	462	12.2	548	14.4	17	37	1	1	4.33	26	0.68	87	2.29	38,030
29	494	11.9	684	16.5	12	24	—	1	2.02	34	0.82	103	2.49	41,410
30	534	12.6	640	15.1	18	36	—	2	3.75	37	0.87	104	2.46	42,340
31	553	12.5	690	15.5	20	37	2	2	7.23	46	1.04	101	2.28	44,320
32	513	11.0	781	16.8	20	39	4	3	13.64	39	0.84	101	2.17	46,470
33	514	10.6	715	14.7	18	38	2	—	3.89	33	0.68	104	2.14	48,530
34	615	11.9	756	14.6	12	20	—	1	1.63	34	0.66	133	2.58	51,580
35	621	11.5	744	14.0	25	40	1	—	1.61	36	0.67	125	2.32	53,930
36	687	12.4	870	15.6	23	35	—	3	4.36	25	0.45	153	2.75	55,540
37	729	12.4	916	15.6	33	45	—	—	—	42	0.72	138	2.35	58,600
38	712	10.8	917	15.5	20	29	—	1	1.40	31	0.52	151	2.56	59,080
39	763	12.4	1035	16.9	18	23	1	1	2.60	26	0.34	163	2.66	61,210
40	657	9.6	1165	17.6	32	49	—	2	3.00	48	0.70	186	2.73	66,350
41	590	10.1	1044	18.7	22	36	—	1	1.80	39	0.70	161	2.88	55,710
42	724	13.3	1116	20.5	25	35	1	1	2.80	23	0.42	189	3.47	54,500
43	775	14.3	1073	20.4	24	32	—	3	3.90	33	0.63	169	3.22	52,500
44	924	17.1	1037	19.2	40	44	—	2	2.10	23	0.42	177	3.27	54,080
45	811	13.8	1173	20.0	31	39	—	1	1.20	32	0.54	204	3.48	58,620
46	1059	16.3	1223	18.8	50	48	—	—	—	22	0.34	196	3.02	64,860
47	1003	15.0	1251	18.7	31	32	—	—	—	26	0.38	200	3.00	66,750
48	861	12.8	1103	16.3	20	24	—	—	—	23	0.34	183	2.71	67,520
49	818	12.0	1209	17.8	16	20	—	1	1.20	18	0.26	213	3.10	67,940
50	714	10.4	1336	19.5	22	31	—	1	1.40	25	0.37	237	3.47	68,350
51	699	10.3	1375	20.2	17	25	—	—	—	18	0.26	248	3.64	68,060
52	658	9.7	1235	18.3	11	17	—	2	2.04	21	0.31	203	3.01	67,530
53	613	9.0	1308	19.3	16	27	—	1	1.63	3	0.04	224	3.16	67,770
54	659	9.6	1299	19.0	19	30	—	—	—	13	0.19	235	3.43	68,510
55	671	9.6	1269	18.2	13	20	—	—	—	9	0.13	228	3.27	69,840
56	701	9.8	1474	20.6	22	32	—	1	1.43	6	0.08	245	3.42	71,580
57	697	9.6	1338	18.4	13	19	—	—	—	3	0.04	262	3.59	72,860
58	716	9.5	1481	19.9	15	21	—	—	—	6	0.08	269	3.61	74,550
59	726	9.6	1593	21.3	9	13	—	—	—	9	0.12	274	3.64	75,260
60	791	10.3	1640	21.3	16	21	—	1	1.26	6	0.08	269	3.47	77,140
61	793	10.0	1751	22.0	14	18	—	—	—	4	0.05	281	3.53	79,550
62	834	10.4	1807	22.6	16	19	—	—	—	6	0.07	335	4.20	79,750
63	864	10.8	1934	24.3	17	20	—	—	—	7	0.09	306	3.84	79,710
64	931	11.5	1772	22.0	13	14	—	1	1.07	4	0.05	339	4.21	80,580
65	946	11.7	1895	23.4	10	11	—	—	—	3	0.04	344	4.24	81,100
66	929	11.5	1885	23.2	19	21	—	—	—	1	0.01	364	4.49	81,100

* Per 1,000 Population (unadjusted) ** Per 1,000 Live Births. † Per 1,000 Total (Live & Still) Births.

It will be noted from this table that the number of deaths has always exceeded the number of births during the last 40 years. There has been no “natural increase” in the population (i.e excess of births over deaths) since the year 1921.

TABLE VII
NOTIFIED INFECTIOUS DISEASES (1953-1966)

	YEAR:—	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Scarlet Fever	68	38	21	23	16	17	45	50	7	3	5	9	6	29
Whooping Cough	69	444	42	30	230	24	76	89	27	—	19	22	15	8
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1,012	2	555	12	203	418	1,087	12	392	12	930	35	759	386
Acute Pneumonia	26	11	12	31	19	6	7	4	4	—	3	—	2	2
Meningococcal Infection	—	—	1	—	—	—	—	—	—	—	1	—	—	3
Acute Poliomyelitis (Paralytic)	16	—	2	4	5	1	—	—	—	—	—	—	1	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Dysentery	—	1	10	13	1	2	—	—	1	—	7	—	9	1
Puerperal Pyrexia	8	5	2	2	2	1	—	1	2	3	—	2	1	2
Typhoid Fever	2	—	—	—	—	—	—	1	—	—	—	2	—	1
Paratyphoid Fever	1	—	4	—	—	—	—	—	—	1	—	—	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	3	1	6	2	6	3	2	1	—	1	—	—	—	—
Erysipelas	12	9	7	5	8	9	4	3	2	—	1	—	1	1
Malaria	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Tuberculosis	27	30	24	17	20	15	35	16	10	17	14	8	14	5

TABLE VIII

NOTIFIED INFECTIOUS DISEASES — 1966 (Corrected in Cases of Revised Diagnosis)

	Under 1 year	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-64	65 and over	Age un- known	Total
Scarlet Fever ...	—	—	3	4	4	18	—	—	—	—	—	—	—	—	29
Whooping Cough	—	—	—	1	2	5	—	—	—	—	—	—	—	—	8
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	13	30	45	62	62	159	8	2	4	—	—	1	—	—	386
Acute Pneumonia	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2
Meningococcal Infection	—	—	—	1	—	—	—	1	—	—	—	—	1	—	3
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis ...	—	—	—	—	—	—	—	—	—	2	1	1	1	—	5
Totals ...	13	30	48	69	68	183	8	3	6	4	1	3	3	—	439

TABLE IX — CLIMATE OF WORTHING — 1907-1966

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes		Amount at Observ- atory	Number of days rain fell	Number of hours in year	
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.				
	Degrees							Inches			
1907 ..	50.2	45.1	54.8	9.7	50.0	20.4	76.1	21.78	158	1776.8	..1907
1908 ..	50.9	44.1	56.1	12.0	50.1	16.0	80.2	22.15	146	1991.3	..1908
1909 ..	49.7	43.0	54.6	11.6	48.8	19.9	81.2	32.11	178	1958.6	..1909
1910 ..	50.8	44.5	55.9	11.4	50.1	21.9	73.8	32.57	191	1731.0	..1910
1911 ..	52.8	45.1	58.0	12.9	51.5	25.4	87.9	31.68	149	2115.0	..1911
1912 ..	51.6	45.0	56.6	11.6	50.8	19.0	84.2	35.95	192	1609.9	..1912
1913 ..	52.1	45.9	57.4	11.5	51.6	26.2	79.0	34.98	170	1600.2	..1913
1914 ..	52.7	45.2	57.9	12.7	51.5	23.2	78.2	31.31	164	2000.5	..1914
1915 ..	51.1	43.8	56.3	12.5	50.5	24.7	77.1	36.64	152	1801.3	..1915
1916 ..	51.2	44.7	56.3	11.6	50.5	25.0	77.0	32.89	182	1658.0	..1916
1917 ..	49.2	43.0	54.6	11.6	48.8	20.7	79.0	25.49	147	1804.7	..1917
1918 ..	51.0	44.7	56.5	11.8	50.6	20.0	78.0	24.41	165	1856.5	..1918
1919 ..	49.4	42.9	54.9	12.0	48.9	22.0	78.5	28.54	158	1788.5	..1919
1920 ..	51.7	45.6	56.6	11.0	51.1	23.0	76.0	26.40	139	1692.1	..1920
1921 ..	53.4	46.4	58.8	12.4	52.6	27.6	86.7	13.26	108	2101.5	..1921
1922 ..	50.1	43.9	54.8	10.9	49.3	25.2	78.2	25.71	159	1781.2	..1922
1923 ..	50.8	44.5	55.6	11.1	50.1	24.0	86.0	30.62	170	1805.9	..1923
1924 ..	50.8	45.4	55.3	9.9	50.3	25.0	74.6	32.65	159	1759.6	..1924
1925 ..	49.8	44.7	55.9	11.2	50.3	24.0	80.2	34.70	158	1955.8	..1925
1926 ..	51.6	45.7	56.7	11.0	51.2	21.8	83.3	28.57	160	1677.7	..1926
1927 ..	50.8	45.0	55.8	10.8	50.4	22.4	78.1	34.88	165	1731.4	..1927
1928 ..	51.9	45.1	57.0	11.9	51.0	21.6	82.0	32.84	161	1999.1	..1928
1929 ..	50.9	44.1	56.0	11.9	50.0	13.0	80.0	29.71	134	2062.5	..1929
1930 ..	52.0	46.9	56.4	9.5	51.3	26.0	82.6	28.31	169	1821.4	..1930
1931 ..	51.0	45.0	55.0	10.0	50.0	21.0	77.0	25.80	147	1610.5	..1931
1932 ..	50.5	45.1	55.8	10.7	50.5	23.0	80.0	23.91	148	1616.7	..1932
1933 ..	52.0	45.5	56.4	10.9	51.2	23.6	81.2	20.40	125	2102.6	..1933
1934 ..	52.1	45.6	57.5	11.9	51.8	24.0	82.0	27.49	139	1811.0	..1934
1935 ..	51.8	46.1	56.6	10.5	51.3	25.6	83.8	37.74	173	1805.2	..1935
1936 ..	51.3	45.4	55.9	10.5	50.7	27.1	81.3	27.42	169	1675.0	..1936
1937 ..	51.5	46.3	57.2	10.9	51.8	26.0	76.8	31.59	162	1668.3	..1937
1938 ..	52.7	46.1	57.1	11.0	51.6	19.5	82.5	22.95	156	1796.4	..1938
1939 ..	51.8	45.8	56.5	10.7	51.2	20.0	81.5	34.42	171	1809.7	..1939
1940 ..	50.0	45.0	56.0	11.0	50.5	16.0	80.0	30.13	148	1976.8	..1940
1941 ..	50.3	44.0	56.0	12.0	50.0	22.0	83.0	25.83	139	1791.7	..1941
1942 ..	50.0	44.8	55.3	10.5	50.5	19.0	83.0	24.62	129	1711.6	..1942
1943 ..	52.0	46.0	58.0	12.0	52.0	28.0	80.0	23.68	145	1864.8	..1943
1944 ..	51.3	45.4	56.2	10.8	50.8	26.0	81.0	22.14	136	1765.5	..1944
1945 ..	52.5	46.5	57.2	10.7	51.2	19.0	80.0	22.98	138	1783.9	..1945
1946 ..	51.6	45.5	55.7	10.2	50.6	23.0	76.0	30.96	170	1790.7	..1946
1947 ..	51.3	45.7	56.1	10.4	50.9	15.0	90.0	24.31	139	1896.8	..1947
1948 ..	52.6	46.6	57.6	11.0	52.1	17.0	88.0	25.23	154	1916.9	..1948
1949 ..	53.3	47.2	58.4	11.2	52.8	29.0	81.0	23.90	120	2128.9	..1949
1950 ..	52.1	46.1	56.7	10.6	51.4	24.0	81.0	26.95	157	1835.4	..1950
1951 ..	51.9	46.0	56.3	10.3	51.2	22.0	76.0	37.98	184	1838.4	..1951
1952 ..	50.7	45.0	56.0	11.0	50.2	23.0	82.0	28.54	175	1917.0	..1952
1953 ..	51.9	46.2	57.1	10.9	51.7	25.0	80.0	24.33	125	1885.1	..1953
1954 ..	51.0	45.3	56.0	10.7	50.7	18.0	75.0	30.28	188	1687.3	..1954
1955 ..	51.0	44.8	56.4	11.6	50.6	25.0	84.0	24.75	140	1936.4	..1955
1956 ..	49.9	44.2	55.0	10.8	49.6	16.0	77.0	24.08	148	1726.7	..1956
1957 ..	52.2	46.8	57.1	10.3	51.9	30.0	82.0	25.30	162	1836.4	..1957
1958 ..	50.8	45.9	55.5	9.6	50.7	23.0	77.0	34.36	169	1601.5	..1958
1959 ..	53.1	47.1	58.7	11.6	52.9	26.0	82.0	23.47	128	2123.9	..1959
1960 ..	51.4	46.5	56.4	9.9	51.5	21.0	80.0	41.43	196	1617.9	..1960
1961 ..	52.6	46.7	57.5	10.8	52.1	25.0	79.0	27.29	152	1875.8	..1961
1962 ..	49.7	43.8	54.7	10.9	49.2	18.0	73.0	25.86	143	1794.4	..1962
1963 ..	49.0	44.1	53.5	9.4	48.8	18.0	80.0	26.93	165	1643.9	..1963
1964 ..	50.9	45.5	55.9	10.4	50.7	23.0	78.0	26.55	148	1743.0	..1964
1965 ..	50.0	44.5	55.1	10.6	49.8	22.0	73.0	30.74	159	1705.7	..1965
1966 ..	51.8	46.0	56.4	10.4	51.2	22.0	81.0	31.23	178	1652.6	..1966

TABLE X — BRIGHT SUNSHINE — 1966

The official sunshine return of the Meteorological Office, Air Ministry, containing a list of 375 sunshine stations in the United Kingdom was received on the 5th May, 1967.

Sunshine was markedly below average during the year, and in South-East England all stations had less than average sunshine. Worthing showed a deficit of 168 hours compared with the Meteorological Office 1931-60 average of 1,821 hours.

Since sunshine records began in 1899 Worthing has had only seven duller years than 1966

The following mainland stations in descending order have been extracted from the return for the South-Eastern Coastal Area :—

<i>Position</i>	<i>Station</i>						<i>Sunshine (Hours)</i>
1	Bournemouth	..	..	..	..	..	1,697.2
2	Littlehampton	..	..	..	..	..	1,688.2
3	Eastbourne	..	..	..	..	..	1,685.8
4	Hayling Island	..	..	..	..	..	1,676.7
5	Bognor ..	..	..	..	..	..	1,663.6
6	WORTHING	..	..	..	..	..	1,652.6
7	Southsea ..	..	..	..	..	..	1,596.6
8	Brighton ..	..	..	..	..	..	1,585.8
9	Folkestone	..	..	..	..	..	1,575.6
10	Thorney Island	..	..	..	..	..	1,553.5
11	Ramsgate	..	..	..	..	..	1,551.1
12	Bexhill ..	..	..	..	..	..	1,540.9
13	Hastings ..	..	..	..	..	..	1,511.2
14	Margate ..	..	..	..	..	..	1,510.5
15	Whitstable	..	..	..	..	..	1,504.1
16	Rustington	..	..	..	..	..	1,502.0
17	Herne Bay ..	..	..	..	..	..	1,479.8
18	Southampton	..	..	..	..	..	1,473.0
19	Dover ..	..	..	..	..	..	1,420.4

TABLE XI — BRIGHT SUNSHINE

Month	Total Hours Bright Sunshine	Average for 30 years 1931-1960	Hours Daily Mean	Percentage of average %	Days with Sunshine	Most in one day Hours	Monthly Total		
							Highest		Lowest
							Hours	Year	
January ..	36.5	71	1.18	52	15	6.0	109.9	1940	34.5 1912
February ..	35.8	83	1.28	44	17	7.4	140.3	1949	29.8 1947
March ..	142.9	141	4.61	102	28	10.5	220.8	1907	77.9 1964
April ..	114.8	187	3.83	61	22	13.8	267.2	1912	105.3 1905
May ..	250.0	230	8.06	108	29	14.9	353.1	1909	148.9 1932
June ..	256.2	243	8.54	105	30	14.0	327.1	1957	143.5 1909
July ..	181.7	224	5.86	81	30	14.4	369.0	1911	133.8 1944
August ..	222.5	218	7.18	102	31	13.3	298.4	1899	112.6 1912
September ..	200.6	166	6.69	121	27	11.2	262.6	1898	97.1 1945
October ..	103.3	124	3.33	83	24	9.8	182.9	1965	81.9 1915
November ..	66.4	73	2.21	91	23	7.7	131.3	1909	39.6 1962
December ..	41.9	61	1.35	69	20	9.0	113.8	1962	22.3 1956
Year 1966 ..	1652.6	1821	4.53	91	296	14.9	369.0	July 1911	22.3 Dec. 1956
Highest and Lowest Year Totals							2141.0	1899	1600.2 1913

TABLE XII — BRIGHT SUNSHINE

Year	Campbell-Stokes Recorder Bright Sunshine Hours	Bright Sunshine Days	Sunniest Days	
			Day	Hours
1946	1790.7	307	July 10th	15.1
1947	1896.8	294	June 10th	14.9
1948	1916.9	319	May 18th	14.9
1949	2128.9	317	July 10th	14.8
1950	1805.4	312	June 16th	15.1
1951	1838.4	297	June 19th	15.1
1952	1917.0	317	June 30th	15.1
1953	1885.1	302	July 24th	14.3
1954	1687.3	301	June 20th	14.4
1955	1936.4	305	May 30, June 1	14.9
1956	1726.7	311	July 25th	14.9
1957	1836.4	307	June 13th	15.5
1958	1601.5	306	May 28, June 14	14.9
1959	2123.9	320	June 17th	15.3
1960	1617.9	298	June 20th	15.1
1961	1875.8	311	June 29th	15.0
1962	1794.4	306	June 7th	15.3
1963	1643.9	286	June 6th	15.2
1964	1743.0	284	July 13th	15.0
1965	1705.7	310	June 28th	14.7
1966	1652.6	296	May 30th	14.9
Average for 20 years 1946—1965	1823.6	306		

TABLE XIII — RAINFALL

1966		Total Rain- fall	Difference from the Normal	Greatest Fall in 24 hours beginning 9 a.m.	Number of Days with		Total Rain Days
					.01 in. or more	.04 in. or more	
		ins.	ins.	ins.			
January	..	1.96	—0.98	0.78	17	9	17
February	..	4.58	+2.58	0.70	15	14	15
March	..	0.73	—0.99	0.73	11	5	11
April	.. ..	3.83	+2.05	0.60	21	18	21
May	.. ..	1.36	—0.29	0.38	9	8	9
June	.. ..	2.85	+1.32	0.83	14	11	14
July	.. ..	2.16	+0.02	0.33	15	12	15
August	..	2.61	+0.33	1.38	13	10	13
September	..	0.92	—1.24	0.26	7	5	7
October	..	5.67	+2.72	1.20	20	17	20
November	..	1.90	—1.54	0.46	14	10	14
December	..	2.66	—0.24	0.49	22	16	22
Year	.. ..	31.23	+3.74	1.38	178	135	178

TABLE XIV — RAINFALL

Year	Rainfall in inches	No. of Days Rain fell (0.01 inch or more)	Greatest Fall in a Day	
			Amount in inches	Day and Month
1946	30.96	170	2.02	16th August
1947	24.31	139	0.94	10th March
1948	25.23	154	1.41	6th August
1949	23.90	120	1.34	20th October
1950	26.95	157	0.89	20th November
1951	37.98	184	1.40	11th June
1952	28.54	175	1.29	30th September
1953	24.33	125	1.22	12th October
1954	30.28	188	1.81	25th July
1955	24.75	140	1.40	22nd September
1956	24.08	148	0.97	4th September
1957	25.30	162	1.27	3rd November
1958	34.36	169	1.62	28th January
1959	23.47	128	0.83	6th December
1960	41.43	196	1.74	10th August
1961	27.29	152	1.77	29th January
1962	25.86	143	1.12	20th July
1963	26.95	165	1.04	15th November
1964	26.55	148	1.67	31st May
1965	30.74	159	1.44	2nd August
Average for 20 years 1946-1965	28.16	156	2.02	16th August
1966	31.23	178	1.38	6th August

TABLE XV — BAROMETRIC PRESSURE

1966	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	29·871	30·491	29·175
February	29·627	30·096	28·908
March	30·191	30·700	29·162
April	29·816	30·601	29·253
May	30·062	30·419	29·575
June	29·990	30·275	29·491
July	29·990	30·237	29·778
August	30·009	30·576	29·593
September	30·069	30·471	29·647
October	29·773	30·361	29·135
November	29·962	30·364	28·858
December	29·841	30·336	28·868
Year 1966	29·933	30·700	28·858

TABLE XVI — TEMPERATURE

1966	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	41·6	35·6	38·6	− 2·3	49	22
February	46·9	40·9	43·9	+ 3·0	52	32
March	50·5	38·6	44·5	+ 0·7	55	31
April	51·9	42·9	47·4	− 0·6	63	32
May	60·5	47·8	54·1	+ 0·6	71	39
June	67·0	55·3	61·1	+ 2·0	81	46
July	67·6	55·1	61·3	− 1·2	76	48
August	67·5	54·9	61·2	− 1·4	76	46
September	66·5	53·4	59·9	+ 0·5	72	45
October	59·1	49·7	54·4	+ 1·5	66	40
November	49·2	39·5	44·3	+ 2·7	59	30
December	48·7	38·2	43·5	+ 1·7	53	27
Year 1966	56·4	46·0	51·2	+ 0·2	81	22

TABLE XVII — CLOUD AND HUMIDITY

Month.			Cloud Amount Scale 1-8		Mean Relative Humidity	Mean Humidity previous 10 years 1956-1965
			9 a.m.	6 p.m.	9 a.m.	9 a.m.
January	..	..	7	6	$\frac{\%}{89}$	$\frac{\%}{87}$
February	..	..	7	7	89	85
March	..	..	5	5	80	82
April	..	..	7	6	87	77
May	..	..	5	5	76	74
June	..	..	5	5	80	75
July	..	..	6	6	76	77
August	..	..	5	5	79	78
September	..	..	4	4	81	80
October	..	..	6	6	87	83
November	..	..	5	7	86	84
December	..	..	7	6	88	87
Year 1966	..		6	6	83	Yearly average 83

TABLE XVIII — WINDS

Month.	9 a.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	2	6	3	7	2	7	4	—	—
February	1	6	1	2	3	14	—	1	—
March	3	2	—	—	2	6	8	10	—
April	2	6	3	6	4	9	—	—	—
May	2	7	—	1	3	12	2	4	—
June	1	2	3	1	3	14	4	2	—
July	8	2	—	—	1	9	5	6	—
August	2	3	2	5	1	10	4	4	—
September	3	8	2	3	1	5	5	3	—
October	3	7	1	5	5	5	3	2	—
November	6	7	2	2	2	3	4	4	—
December	2	1	—	—	3	11	5	9	—
Year 1966 ..	35	57	17	32	30	105	44	45	—

Month.	6 p.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	2	7	3	9	1	4	3	2	—
February	1	4	2	3	5	9	2	2	—
March	2	1	—	—	2	6	10	10	—
April	1	5	1	6	2	12	2	1	—
May	3	5	1	1	2	12	6	1	—
June	1	2	1	1	2	16	5	2	—
July	6	1	—	—	—	7	10	7	—
August	3	1	2	1	3	11	9	1	—
September	1	5	4	5	—	6	7	2	—
October	3	4	2	2	4	10	3	3	—
November	7	6	1	—	2	5	5	4	—
December	5	—	—	—	2	5	8	11	—
Year 1966 ..	35	41	17	28	25	103	70	46	—

TABLE XIX — VISIBILITY
Summary of observations taken at 9 a.m. and 6 p.m.

MONTH	FOG				MIST OR HAZE				GOOD VISIBILITY													
	A		B & C		D & E		F		G		H		I		J		K		L		M	
	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.
January ..	—	—	—	—	1	2	2	1	3	4	3	13	9	6	1	8	1	1	—	—	—	—
February ..	—	—	—	—	1	—	—	1	3	5	5	10	13	13	9	3	—	5	—	—	—	—
March ..	—	—	—	—	—	1	1	—	4	2	1	5	13	13	12	9	4	2	3	3	—	2
April ..	—	—	—	—	—	—	—	3	2	4	2	10	8	9	7	4	4	5	1	3	—	1
May ..	—	—	—	—	—	—	—	—	—	—	—	7	5	14	7	7	7	10	3	6	—	3
June ..	—	—	—	—	—	—	—	—	1	1	1	8	5	6	7	7	11	7	2	3	1	7
July ..	—	—	—	—	—	—	—	—	2	2	—	2	5	9	4	4	11	8	5	6	1	6
August ..	—	—	—	—	—	1	—	—	—	—	—	4	5	1	15	4	11	4	2	2	13	4
September ..	—	—	—	—	—	—	1	—	1	1	3	11	7	8	5	5	5	7	2	1	—	6
October ..	—	—	—	—	—	—	1	—	—	1	3	6	6	8	10	8	8	4	4	3	1	6
November ..	—	—	—	—	1	1	1	1	—	—	4	10	9	5	7	6	3	3	2	2	1	2
December ..	—	—	—	—	—	—	—	—	4	2	3	8	8	10	11	2	7	1	—	—	—	—
Year 1966 ..	—	—	—	—	3	5	6	6	18	11	32	24	94	97	100	93	70	63	25	29	17	37

KEY TO TABLE XIX — VISIBILITY

Letter	Standard Distance	Actual Distance	Description of visibility	Object	View Point	Bearings
A	22 yards	21 yards	Dense Fog	Chestnut tree on opposite side of road	Office Door	S.E.
B	44 yards	45 yards	Thick Fog	Chestnut tree outside entrance to "Ryecroft"	Office Gate	E.
C	110 yards	110 yards	Thick Fog	N.W. corner of Town Hall	Office Gate	E.
D	220 yards	220 yards	Fog	Christ Church Tower	Office Window	S.
E	440 yards	430 yards	Moderate Fog	Holy Trinity Church Spire	Christ Church Tower	S.W.
F	1100 yards	1100 yards	Very Poor	Heene Church Tower	" "	W.
G	1½ miles	1½ miles	Poor	Tarring Church Tower	" "	N.W.
H	2½ miles	2½ miles	Moderate	Top of High Salvington Hill	" "	N.W.
I	4½ miles	4½ miles	Moderate	Highdown Hill	" "	W.N.W.
J	6½ miles	6½ miles	Good	Portslade Gas Works Chimney	" "	E.
K	12½ miles	12½ miles	Very Good	Hills beyond Brighton	" "	E.
L	18½ miles	18½ miles	Very Good	Selsey Bill	" "	W.S.W.
M	25 miles	27 miles	Excellent	Beachy Head	" "	E.S.E.

PART II.

PERSONAL HEALTH SERVICES

DELEGATED HEALTH AND WELFARE SERVICES

Under the Local Government Act, 1958, some of the Health and Welfare functions of County Councils can be delegated to certain District Councils. This has applied in Worthing since 1st April, 1961, when West Sussex County Council delegated to the Borough Council their duties in respect of the following:—

(a) National Health Service Act, 1946.

Section 21—Health Centres.

22—Care of Mothers and Young Children.

23—Midwifery.

24—Health Visiting.

25—Home Nursing.

26—Vaccination and Immunisation.

28—Prevention of Illness, Care and After-Care.

29—Domestic Help.

(b) Mental Health Act, 1959—

Care and After-care of persons suffering from mental disorder, except for those in residential accommodation.

(c) National Assistance Act, 1948—

Section 29—Welfare arrangements for blind, deaf, dumb and crippled persons, etc.

30—Voluntary Organisations for disabled persons' welfare.

(d) Disabled Persons (Employment) Act, 1958—

Section 3—Provision of sheltered employment by local authorities.

(e) Nurseries and Child-Minders Regulation Act, 1948.

Registration and supervision.

HEALTH CENTRES

Health centres provided under section 21 of the National Health Service Act 1946 must, by definition, make available facilities for any or all of the following:—

(a) general medical services

(b) general dental services

(c) pharmaceutical services

(d) any of the local health authority services

(e) specialist or other out-patient services

(f) health education by lectures, films, etc.

Though it was made a duty of every local health authority in 1948 to “provide, equip and maintain” health centres, relatively few exist as yet, though there has been a considerable revival of interest in the last few years among both health authorities and doctors.

The National Health Service has often been criticised because of its built-in tendency to divide the responsibility for the health of the community. Like ancient Gaul it is in three parts—the general medical services,

the hospital services and the preventive health services, each with its own separate organisation.

To some extent this structure must be inevitable, but the continuity of patient care demands deliberate and careful liaison by all concerned. Such links can be improved by a well-placed and well-built health centre, through the bringing together under one roof those who provide the several branches of the service. Communication (vital to efficiency) at once becomes easier, misunderstandings are avoided, isolationism and departmentalism are broken down.

Worthing general practitioners were first approached regarding the possibility of their practising from health centres in October, 1963. At that time 17 of the 42 who were in active practice considered the question worth pursuing. Until this year, however, no opportunity presented itself, but the County's ten-year development plan now includes the provision of several health centres in the next few years, and one of these is earmarked for Worthing. All the doctors in the town were therefore again approached, and also the dental surgeons. By the end of 1966 arrangements had been made to call a meeting, under the chairmanship of the Mayor, in the Town Hall, for further discussion with the doctors, dentists and others actively concerned.

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births:

Under section 203 of the Public Health Act, 1936, all births have to be notified within 36 hours to the Medical Officer of Health of the Welfare Authority within which the birth takes place. If a delegation scheme is in operation, Section I (1) of the Public Health (Notifications of Births) Act, 1965, requires that notifications of births should be sent to the Medical Officer of the delegatee authority instead of the County Medical Officer. Births are usually notified by the attending midwife. Notification is in addition to registration, normally the duty of the father, and for which 42 days are allowed. A Welfare Authority is thus able to keep up-to-date records of all new births and provide a home visiting service to the mothers.

In 1966 there were 912 notified live births to mothers whose homes were in Worthing, though only 416 of these were actually delivered in the town. This is 47 fewer than in 1965. It is also 6 less than the total number of registered live births during the year (918). Notified and registered births in any one year do, however, usually vary a little because of the difference in time allowed for their recording.

Child Welfare Centres:

There are six Child Welfare Centres in the Borough situated as follows:—

- (1) The Central Clinic, Stoke Abbott Road—Monday and Friday afternoons.
- (2) Church Hall, New Road, Durrington—Every Thursday afternoon in each month.
- (3) St. Mary's Hall, Ilex Way, Goring—Second and fourth Thursday afternoons in each month.

- (4) St. Richard's Hall, Collingwood Road, Maybridge—First and third Thursday afternoons in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First and third Monday afternoons in each month.

1,688 infants and children made a total of 9,960 attendances at all centres during the year. The number of infants who first attended whilst they were under one year of age was 836, equivalent to 91.7 per cent. of the notified births.

The table below gives further details of attendances at the 6 child welfare clinics during the year:—

Clinic	No. of clinics held	No. of children who attended centres	Total No. of attendances made	Average attendance per clinic
Central	97	637	3,787	39.0
Durrington ..	52	386	2,608	50.1
Goring	24	184	982	40.9
Maybridge ..	27	177	974	36.1
Findon Valley ..	18	73	345	19.2
East Worthing ..	24	231	1,264	52.7
Totals	242	1,688	9,960	40.6

In addition to the local authority infant welfare clinics, a number of general practitioners are now holding sessions for their own patients. At the end of the year there were ten of these, an increase of four during 1966. At each of these clinics the doctor's "attached" health visitor is present. Total attendances during the year numbered 2,393 and there were 396 first time attendances of infants under one year of age.

When these statistics are considered in conjunction with those of the authority's clinics, it will be seen that many mothers must be taking their babies to both. For example, there was a total of 1,232 "first-time" attendances (836 + 396), though only 912 notified live births during the year.

If the popularity of general practitioner clinics continues to increase (and I believe this will happen), it will clearly be necessary to decide whether some at least of the authority's clinic sessions might be discontinued.

Toddler Clinics:

Clinic attendances usually become less frequent as a baby gets older and grows into a toddler. Not uncommonly all clinic contacts cease by the age of one, and the opportunity for a medical review may not occur until the first school medical examination four or more years later.

The introduction of Toddler Clinics in February, 1963, has helped to bridge this gap. Attendance is by invitation only, with not more than four per hour or eight per session, and invitations go to all mothers with children between the ages of 18 months and two years.

Toddler clinics are held as follows:—

- (1) The Central Clinic, Stoke Abbott Road—Every Tuesday afternoon
- (2) Church Hall, New Road, Durrington—First Thursday afternoon in each month.
- (3) St. Mary's Hall, Ilex Way, Goring—First Wednesday afternoon in each month.
- (4) St. Richard's Hall, Collingwood Road, Maybridge—Fourth Wednesday afternoon in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.

During the year 96 sessions were held and attendances totalled 327 (3.4 per session).

In addition, 153 toddlers were seen and examined during the year at clinics held by general practitioners.

Congenital Abnormalities:

For the past three years congenital abnormalities apparent at birth have been recorded on the birth notification forms. 12 babies (6 male and 6 female) were so notified in 1966, and between them were noted 19 malformations:—

Talipes	..	..	..	..	5
Spina Bifida	..	..	..	..	4
Hydrocephalus	..	..	..	..	3
Mongolism	..	..	..	..	3
Cleft lip	..	..	..	..	1
Heart disease	..	..	..	..	1
Deformed foot	..	..	..	..	1
Accessory skin tag	..	..	..	..	1
					<hr/>
					19
					<hr/>

All but one were live births, and most of them were included in the risk register (see below). These figures do not represent all congenital abnormalities found in 1966, for some were not apparent at birth and were diagnosed later.

Risk Register:

From the 912 live births notified during the year, 213 babies were considered to be "at risk" on 263 counts, i.e. over 23% of all babies. The analysis by different risk groups is as follows:—

Babies at risk born in 1966:

*Number at risk
from this cause*

Family History:

1. Deafness, blindness, neurological diseases, cerebral palsy, epilepsy, etc.	3
2. Congenital malformations (including congenital dislocation of the hip)	3
3. Mental disorder	11
4. Mother unusually young or elderly	9
5. Family in a "social problem" group	31

Prenatal:

6. Rubella (certainly) and other virus infections (possibly) in early pregnancy	—
7. Toxoplasmosis	—
8. Hyperemesis	1
9. Threatened abortion	3
10. Severe illness necessitating chemotherapy or major surgery occurring in the early months	1
11. Exposure to radio-active substances during pregnancy	—
12. Blood group incompatibilities	2
13. Maternal diabetes	3
14. Maternal thyrotoxicosis	1
15. Toxaemia	15
16. Uterine Haemorrhage	2
17. Hydramnios	2
18. Multiple pregnancy	12

Perinatal:

19. Premature birth (i.e. 36 weeks or earlier)	16
20. Low birth weight in relation to gestational age	4
21. Postmature birth (i.e. 42 weeks or later)	13
22. Abnormal presentation	9
23. Prolonged, precipitate or instrumental labour	69
24. Birth asphyxia	5
25. Neonatal jaundice (Hyperbilirubinaemia)	9
26. Presence of any congenital abnormality	19

Postnatal:

27. Difficulties in sucking or swallowing	2
28. Convulsions	2
29. Cerebral palsy	—
30. Meningitis or encephalitis	—
31. Any serious illness or infection in first few months of life	13

Symptomatic Group:

32. Mother's suspicion that child is blind, deaf, retarded or otherwise abnormal	2
33. Inattention to sound, or visual stimulus	—
34. Delayed motor development	—
35. Delayed development of vocalisation and speech	—
36. Lack of interest in people or playthings	1
37. Abnormal social behaviour	—

Total	263
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The risk register has now been in operation for three years, and continues to grow despite a continuous process of trimming. Dr. A. Lowry, the Clinic Medical Officer responsible for keeping the register up to date writes:—

“By the end of 1966 the names of 143 babies had been removed from the risk register; all had been seen and considered to be normal children making average progress and with the use of all their faculties.

A recent article in the *Lancet* states: ‘Risk registers have been allowed to grow so large that they overwhelm their makers’. This view will surely be one heartily endorsed by most people concerned with the compiling of these registers, and I should like to suggest that the categories of babies at risk are reduced to a workable minimum, so that more time and attention can be paid to those children at serious risk.

It is, of course, possible that a child’s defect may be delayed in coming to one’s notice by reducing the large sweep of the registers, but the chance of this would certainly be compensated by the amount of time and work saved in not having to check the many healthy children in, for example, the ‘social problem’ or ‘instrumental labour’ groups.

The present risk register has outgrown its strength, and is neither vigorous nor sensible.

I suggest the following groups require careful scrutiny for babies at serious risk:—

- (1) Family history of defect, e.g. deafness, epilepsy, low mental ability, etc.
- (2) Maternal history of rubella, toxæmia, or other serious illness during pregnancy.
- (3) Premature babies—short gestation and/or low birth weight.
- (4) Asphyxia requiring oxygen following normal, induced or surgical delivery.
- (5) The presence of any physical defect, single or multiple.
- (6) Rhesus incompatibility producing antibodies.

Limitation of the register to these categories would bring the numbers of babies at risk to a practical workable level. Reliance would then have to be made on routine visits at home or clinic for ascertaining defects in all other children.”

A revised list such as this would undoubtedly save much unproductive work, and, in the words of the article quoted above “. . . might well salvage both the registers and the sanity of those who operate them.”

Care of Premature Babies:

All babies weighing less than 5½lbs. at birth are by definition premature, though not all need special care. Twenty were put on the risk register out of the 59 notified during the year. All were born in hospital but seven died within 24 hours of birth. There were in addition seven premature stillbirths.

6.4 per cent. of all notified births were premature and the association of prematurity with stillbirths, neonatal mortality and mental or physical handicap is well known. Close supervision is therefore kept by the health visitors and clinic medical staff, particularly during the first 6 months of life.

Phenylketonuria:

This rare disease, the result of an inborn error of metabolism, causes severe mental retardation. Very early diagnosis followed by a diet from which phenylalanine has been excluded, can prevent the development of impaired intelligence in most cases. A simple urine test is all that is necessary and in Worthing since May 1960 health visitors have tested the urine of all newly born babies.

Babies born in hospital will normally have their first phenylketonuria test before they are discharged home. Any discharged early, and all babies born at home are now being tested on the health visitor's first visit (about the 10th day), and again when 4 to 6 weeks old.

Two cases have now been diagnosed through routine testing by the health visitors. No new cases were discovered during 1966.

Ante-natal Clinics:

Sessions for expectant mothers continued to be held fortnightly in the Central Clinic. Midwives are now "attached" to groups of general practitioners and assist them with special ante-natal sessions for their own patients in their own surgeries.

Excluding sessions at G.P.'s surgeries attendances during 1966 were as follows:—

No. of clinics held	..	..	32	(26)
New patients seen	..	..	49	(59)
Total No. of attendances	..	..	241	(189)
(The figures in brackets refer to 1965.)				

After being in abeyance for most of the year the ante-natal and relaxation and exercises clinic recommenced in September. The total numbers attending remain small, however:—

New patients	..	..	..	4	(39)
Total number of attendances	..	..	..	20	(159)
(The figures in brackets refer to 1965.)					

This clinic is run by a physiotherapist and forms an integral part of a mothercraft programme intended primarily for mothers expecting their first babies. Further details about this can be found in the section on health education on page 63.

Dental Clinics:

All the facilities of the school dental service (see page 105) are available for expectant and nursing mothers, and for pre-school children.

Following the re-introduction of ante-natal mothercraft classes in September which included a session on dental health, it is encouraging to note an improvement in the number of expectant and nursing mothers attending for examination and treatment. These classes offer opportunities for individual and collective instruction to mothers on the care of their own and their children's teeth.

There has also been a significant increase in the number of pre-school children examined. Many required no treatment, but their parents had

sufficient wisdom to bring them along to gain confidence before treatment was required. It is hoped that it will soon be possible to write to children on their third birthday conveying birthday greetings and pointing out to the parents the value of early dental visits. This is practised fairly widely now and is advocated by the Ministry of Health.

In August there was a small exhibition on dental health at the Central Clinic arranged by the Health Education Organiser. It seemed to arouse a certain amount of interest among both children and adults.

Following the introduction last year by the Health Education Organiser of a Young Mothers' Club, the opportunity was taken to give a film and talk to this group on the importance and relevance of good dental health.

Some evidence was found of decay or erosion in very young children being caused by certain fruit concentrates administered undiluted on a dummy. This was taken up with the manufacturers and it is hoped that a warning will now be shown on the labels pointing out the need to dilute these concentrates and not to give them on a dummy.

During the year 30 sessions were devoted to the examination and treatment of expectant or nursing mothers and pre-school children, and 5 to health education in these groups. The dental treatment carried out in 1966 is shown in the table below:—

	Expectant and nursing mothers	Pre-school children
No. of new patients	4 (2)	154 (130)
Extractions	4 (—)	29 (40)
Fillings	28 (11)	208 (145)
Radiographs (nursing mothers) ..	3	—
Local anaesthetics	6	2
Teeth made self-cleansing and silver nitrate and Eugenol applied ..	—	6
Dressings	5	15

(The figures in brackets refer to 1965)

Other Clinic Facilities:

The special clinics for school children are also available for children not yet old enough for school. They are discussed more fully in the School Health Service section of this report. The figures which follow relate only to pre-school children:—

(a) *Orthopaedic Clinic:*

New patients seen	27	(30)
Old patients seen	18	(4)
Total number seen (new and old) ..	45	(34)
Total number of attendances	71	(54)

(b) *Physiotherapy Clinic* :

New patients treated	28	(36)
Old patients treated	12	(7)
Total number treated (new and old) ..	40	(43)
Total number of attendances	193	(163)

(c) *Eye Clinic* :

Total number seen (new and old) ..	76	(74)
Total number of attendances	142	(148)

(d) *Orthoptic Clinic* :

Total number seen (new and old) ..	31	(51)
Total number of attendances	72	(218)

(e) *Speech Therapy Clinic* :

This did not function during the year as there was no Speech Therapist available.

(f) *Child Guidance Clinic* :

Number of patients seen	9	(12)
(The figures in brackets refer to 1965.)		

The Child Guidance Clinic is in Southey Road. All the others are held in the main Central Clinic premises in Stoke Abbott Road.

Sale of foods and medicaments at welfare clinics:

The Welfare foods are National Dried Milk, Orange Juice, Cod-liver oil and Vitamin supplements. The sale of these foods is undertaken by the ladies of the W.R.V.S. who are also responsible for keeping the accounts and making returns to the West Sussex County Council.

The sale of proprietary foods is now almost limited to certain powdered milk. A few simple medicaments (e.g. iron tablets) are also available on prescription at the clinics.

Care of the Unmarried Mother and her Child:

There were 82 illegitimate children born to Worthing mothers in 1966. Three of these were stillbirths. 8.9% of all live births in Worthing were illegitimate in 1966— 1 in 11. It was 8.7% the previous year.

The West Sussex County Council makes grants towards the funds of two Societies responsible for the case work, namely the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society. These two Societies obtain vacancies in hostels (mother and baby homes) for expectant mothers. Financial responsibility was accepted in 7 cases during 1966.

I am indebted to Mrs. H. S. E. Emerson, organising secretary for the Chichester Diocesan Moral Welfare Association for the following statistics on the work of the Association in Worthing during 1966:—

51 Worthing mothers of illegitimate children have been helped in 1966 (in addition to 14 cases carried over from 1965). Hostel accommodation has been found in 10 cases.

Analysis of the 51 new cases

Marital status:

Single	..	..	..	44
Married	..	..	..	4
Divorced	..	..	..	1
Separated	..	..	..	2

Domicile:

Home in area	..	..	..	42
Home outside area	..	..	..	4
Not known	..	..	..	5

Education:

Secondary Modern	..	..	..	36
Grammar	..	..	..	6
Private	..	..	..	2
Not known	..	..	..	7

Age:

15 years	..	..	..	1
16 years	..	..	..	4
17 years	..	..	..	6
18 years	..	..	..	3
19 years	..	..	..	6
20 years	..	..	..	2
21 years	..	..	..	5
22 years	..	..	..	6
23 years	..	..	..	2
24 years	..	..	..	1
25 years and over (up to 40 years)	..	..	..	12
Not known	..	..	..	3

Religion:

Church of England	..	..	..	34
Roman Catholic	..	..	..	1
Non-conformist	..	..	..	7
Not known or none	..	..	..	9

Source of referral:

Medical Social Workers	..	..	..	22
Health Visitor or Clinic	..	..	..	1
Clergy	..	..	..	1
Moral Welfare Worker	..	..	..	2
Doctors	..	..	..	9
National Council for Un-married Mother and Her Child	..	..	..	1
Personal application	..	..	..	2
Child Care Officer	..	..	..	1
Social Service Agency	..	..	..	9
Other adoption societies	..	..	..	3

Nationalities:

British	..	..	..	42
Foreign	..	..	..	7
Not known	..	..	..	2

Occupation:

Factory	..	..	..	6
Shop	..	..	..	9
Clerical	..	..	..	11
Housewife	..	..	..	2
Unemployed	..	..	..	1
Nurse	..	..	..	2
Teacher	..	..	..	1
Student	..	..	..	3
Catering	..	..	..	5
Domestic	..	..	..	1
Agriculture	..	..	..	3
Entertainment	..	..	..	1
Not known	..	..	..	6

Position of Child at end of 1966 (This refers to the 65 old and new cases)

Living with unmarried mother in her home	..	..	..	8
Living with unmarried mother in lodgings	..	..	..	3
Living with mother married to father	..	..	..	2
Living with mother in residential post	..	..	..	1
			—	14
Placed for adoption through C.D.M.W.A.	..	..	..	1
Placed for adoption by private agreement	..	..	..	1
Placed for adoption through another society or Local Authority	..	..	..	11

With foster mother pending adoption	3	
	—	16
Passed to another worker in diocese	4	
Moved outside diocese	13	
Stillborn	1	
	—	18
In voluntary Home or Hostel	6	
As yet unborn	10	
In hospital	1	
	—	17
		—
Total	65	
		—

Children's Co-ordinating Committee:

This Committee continued to meet during 1966 under the chairmanship of your Medical Officer of Health. The area covered includes Shoreham, Southwick and parts of Worthing and Chanctonbury Rural districts in addition to Worthing Borough. For the following report on the work of the Committee I am grateful to Miss R. C. Mason (Area Children's Officer) who convened all our meetings:—

“Seven case conferences of the full Committee have been held during the past 12 months. At each of these 6 families on average were discussed. There were also 4 special meetings, called urgently to assemble only those workers actively concerned with a family. There does seem to be a definite divergence of opinion among members as to whether the larger or smaller meetings best serve the purpose of co-ordinating help to a family at risk.

In the period under review there were 20 new referrals, as compared with 22 last year. In addition the progress of 14 families already discussed was reviewed, sometimes on as many as 4 occasions. Of the new referrals, 7 were put forward by the Area Welfare Department, 6 by the Area Children's Department, 3 by the Borough Health Department, and 1 each by several of the other services. 13 families were living in Worthing, 4 in Lancing, 2 in Storrington and 1 in Shoreham, but these figures are not, I think, of particular relevance, as some of the families were in accommodation found by the Welfare Department, and several have moved between Worthing and Lancing.

The feature which stands out even more clearly this year is that in every case, part of the family's problem relates to housing. Of the new referrals this year, 6 families were in very unsatisfactory housing or were in danger of eviction by private landlords; 8 were in council housing but had rent arrears; and 5 were in accommodation found by the Welfare Department. Once a family is satisfactorily housed, its problems are not thereby solved and it may still need much support. With the pressing anxiety lifted, however, it is possible to work more constructively with the family.

Housing Officers deserve a special comment. They are not at present members of the Committee, but are invited as guests, when help from their

Department is sought. An officer of Worthing Borough Housing Department has attended all 7 full case conferences; other Housing Managers have been invited and attended. It has been found that they know of and are concerned about nearly all the families referred to this Committee. Their awareness of the Committee's efforts to support a family and try to put it back on its feet has undoubtedly helped when their Housing Committee has considered a family for 'selection', or when possible eviction has been discussed because of arrears of rent, or other unsatisfactory aspects of the tenancy.

Reasons for a family's difficulties, warranting a referral to the Co-ordinating Committee, were very much as for the previous year; the parents were inadequate or unstable, and unable to cope with many aspects of life; in 7 cases there was a history of recurring mental illness in one parent; that is to say a majority are problem families rather than families with a problem and will continue to need support until the children are independent.

This picture is rather depressing, but there is a more hopeful side: only 6 of the children from these families at risk were received into care during the year, and 2 returned to their parents when the Welfare Department was able to offer a unit at the Sycamores. The other 4 belong to an unsupported mother of low intelligence and are likely to remain in care because of her unwillingness to accept help.

Recommendations made by the Co-ordinating Committee have included:—urgent rehousing; the provision of temporary accommodation; a deferment of eviction where this action was contemplated; a rent guarantee under the Welfare Department's scheme; a direct rent payment by the Ministry of Social Security; court action where a child seemed in need of protection or care; court action where there was continuing failure to attend school; the provision of a home help; payment of nursery school fees by Health or Children's Departments; a loan under the Children and Young Persons Act 1963 to pay a debt threatening a family's security.

In most cases these recommendations were for action already under consideration by the Department concerned, so that the support of the Co-ordinating Committee will have reinforced the need for, rather than initiated, action.

If there now is closer co-operation between departments and a better understanding of the services available, through meeting, here and elsewhere, all one's colleagues concerned with families at risk, then something positive has been achieved."

Family Planning:

As part of the national re-organisation of the Family Planning Association, a Sussex branch was formed in March. Within the new framework, the existing Worthing and district clinic continued to function, and because of increasing demand the number of sessions held in the Central Clinic was increased to two each week from September. In addition to this a clinic for fitting the "intra-uterine device" (I.U.D.) was started at Worthing Hospital towards the end of the year. I am obliged to the clinic secretary for supplying the following statistics:—

Number of sessions held	83	(58)
Number of new patients seen (excluding transfers)	389	(336)
Number of transfer patients seen	117	(108)
Total number of attendances (including visits for supplies only)	2554	(1347)

Advice given to new patients:—

Birth control	..	..	..	..	338	(276)
Premarital	..	..	..	..	49	(57)
Subfertility	..	..	..	..	1	(—)
Marital problems	..	..	..	..	1	(3)
Total				..	389	(336)

(The figures in brackets refer to 1965.)

99 of the 389 new patients (25.5%) were referred to the clinic by their own doctors. This compares with 55 out of 336 (16.7%) the previous year.

The statistics for the Intra Uterine Device clinic held at Worthing Hospital are as follows:—

No. of I.U.D. sessions held	..	..	..	..	4
No. of patients seen	..	..	..	..	16
No. of patients fitted with I.U.D.	..	..	..	..	12

The Ministry of Health issued a circular (5/66) on Family Planning in February, and asked that local health authorities review their arrangements. They urged that advice and treatment (including supplies) should be made available without charge to women in whom pregnancy would be detrimental to health. If the service was being provided by a voluntary agency, the local health authority should accept financial responsibility for these cases.

The Borough Health and Welfare Committee considered this circular in June and again in September, and agreed to make an annual contribution to the Sussex branch of the Family Planning Association to cover their costs (for Worthing residents) in respect of those cases where pregnancy would be detrimental to health. This would be limited to the following categories:—

- (a) Any woman for 12 months after the birth of a child, or for an unlimited period after a 5th child.
- (b) Any woman suffering from a medical or gynaecological condition which could make a pregnancy dangerous.
- (c) Any woman whose general health could suffer because of a mental, physical or social burden resulting from pregnancy.
- (d) Any unmarried mother.

Marriage Guidance:

I am indebted to Mr. J. R. Davenport, Secretary to the Worthing and District Marriage Guidance Council for the following report:—

“This service is available to people in Worthing and the surrounding area. It is operated by trained counsellors and education workers who are carefully selected but who give their time and services voluntarily. The work of education of family life as well as marriage counselling itself was extended during the year. 51 discussion group sessions with local youth clubs, colleges and schools were led by 3 education counsellors, and it is estimated that 800 young people attended them.

On the counselling reconciliation side, requests from men and women came in almost equal proportions. 362 counselling interviews took place,

96 of which involved new cases. In these marriage problems the welfare of 159 children under 16 was involved.

Grants towards the expenses incurred in this work are now made by Worthing Borough and Rural District Councils but increasing donations are made by those who derive benefit from the service. Requests for an interview with a Counsellor can be made by telephoning the Appointments' Secretary at Worthing 202512."

MIDWIFERY

The number and percentage of home confinements still continues to decline. The table below clearly shows this:—

Year	Notified live and stillbirths		
	Total No. of confinements	No. born at home	% born at home
1962	837	225	28·4
1963	852	187	21·8
1964	936	205	21·9
1965	970	164	16·9
1966	923	129	13·8

The confinements took place as follows:—

Southlands Hospital	..	..	298 (including 8 stillbirths)
Worthing Hospital	..	..	285
Zachary Merton Maternity Hospital			200 (including 2 stillbirths)
Other hospitals (eight)	..	..	8
Patient's own home or private address	..	..	129 (including 1 stillbirth)
Private Nursing Homes	..	..	3
Total			923

The following is a summary of the work of the domiciliary midwives in 1966 (the figures in brackets refer to 1965).

Confinements attended:

By midwife only	..	..	..	67	(87)
By midwife and doctor	..	..		66	(77)
				133	(164)

Inhalation analgesia administered:

By midwife only	..	..	..	47	(68)
By midwife with doctor present	..			61	(65)
				108	(133)

Pethidine administered:			
By midwife only	..	..	36
By midwife with doctor present	..		51
			<hr/> 87
			<hr/> (104)
Post-natal nursing visits made	..	..	3,564
Ante-natal home visits made	..	..	1,672
			(2,733)
			(1,681)

General Practitioner Maternity Unit:

Mention was made in last year's report of the need to make arrangements which would allow the domiciliary midwives to accompany their patients into hospital and deliver them there, afterwards continuing their post-natal nursing at home. This became possible on 1st November, when Worthing Hospital Maternity Unit became a General Practitioner Unit. The changeover was a policy decision of the Hospital Management Committee, made after representations from individual doctors and on the advice of the Maternity Liaison Committee.

Before our district midwives could participate in hospital work it was necessary for the Regional Hospital Board and the Local Health Authority to exchange reciprocal indemnities, and this caused a little delay, but by the end of the year the scheme was in operation.

HEALTH VISITING

Statistics for the year are shown in the table that follows. The figures in brackets refer to 1965—

Type of case	Number of cases visited	Total number of visits
Children born in 1966 (1965)	1057 (995)	2929 (3238)
Children born in 1965 (1964)	642 (507)	} 4883 (5366)
Children born in 1961-1964		
(1960-1963)	1194 (1271)	
Children under the age of 5 years	2893 (2773)	7812 (8604)
Persons aged 65 or over:		
(a) Total	1373 (1577)	} 3621 (3645)
(b) at G.P.'s request	1077 (1344)	
Mentally disordered persons:		
(a) Total	30 (27)	}
(b) at G.P.'s request	20 (27)	
Persons discharged from hospital other than maternity or mental cases:		
(a) Total	390 (450)	} 3628 (3064)
(b) at G.P.'s request	311 (321)	
Tuberculous households visited	37 (32)	}
Households visited on account of other infectious diseases	51 (62)	
All other visits (including ineffectual visits)	not recorded	

Commenting on the work of the health visitors, the Superintendent Health Visitor writes:—

“At the close of 1966 we had 9 Health Visitors but for half of the year we were one short, and this probably accounts for the drop in the number of visits made. In fact the health visitors always seemed busy, being known perhaps more than ever to the general public as a source of help, and there were constant demands on their time. In close liaison with other social workers in the field they assist in the care of the elderly in their own homes, and are guides and counsellors to the many mothers in the town, with their new babies or their growing families. The health visitors assist with the classes for expectant mothers and help to run the mothers’ club.

More general practitioners in the town now have their own well baby clinics at which the health visitor is present to give help and advice. Eight general practitioners now run baby clinics, and these are in addition to the six long-established local authority clinics. All these sessions are well attended, and it seems that young mothers of today still feel a need to seek advice from a friendly but knowledgeable person in spite of all that is available through magazines, television and radio. The health visitor still finds she is very much needed.

Our goal is still to have a health visitor attached to every general practitioner in the town, even though it is becoming increasingly difficult to obtain staff. There is a shortage of health visitors everywhere, and even a seaside town like Worthing cannot attract all we need.”

HOME NURSING

The Area Nursing Officer has submitted the following report on the work of the district nurses in 1966:—

“The number of trained nurses remained as in the previous year, namely 19 (including one male nurse). The number of nursing auxiliaries however, was increased from 4 to 6 by the close of the year. The auxiliaries have taken over most of the work which needs no professional training, for the most part bathing and general care of severely disabled and chronic sick.

This has allowed district nurses more time to spend with the really ill patients, and much intensive care has for example been given to terminal cancer patients, and the many elderly patients who have strokes and coronary thromboses for whom there are very rarely hospital beds available.

The bulk of the nurse’s work these days is heavy bedside nursing. Often the only other person to care for the patient is an elderly and infirm relative, therefore nurses may become the main support of the household. In this role they make full use of the other domiciliary services that are available.

The nursing staff all work in harmony with the general practitioners, and in most practices there is easy access to the doctor if the nurse has any problems regarding patients. So far, however, no further progress has been made with the scheme to attach nurses to group practices in the way that health visitors are already attached.”

Details are given below of the numbers of patients treated and the visits paid during 1966. (The figures in brackets refer to 1965):—

Total number of patients attended	..	..	1,956	(2,252)
Number under 5 years	..	..	28	(34)
Number aged 65 or over	..	..	1,329	(1,391)
Total number of visits paid (district nurses)	..	60,340	(62,860)	
Total number of visits paid (nursing auxiliaries)	..	7,976	(4,551)	

VACCINATION AND IMMUNISATION

In last year's report I outlined in some detail the immunisation procedure used in Worthing and the method of collecting statistical data. These have been continued throughout 1966 and from the tables which follow it can be seen that the results are very satisfactory. Once again the total number of children immunised has risen, as also have the immunity indices in the different age groups. Relatively more of the children are receiving their immunising from their own family doctors, a trend which is expected and encouraged.

Diphtheria, Whooping Cough and Tetanus :

The following table shows the number of children who at the end of the year had completed a course of immunisation at any time before that date. It also gives particulars of the "immunity index" in various age groups. This is calculated by dividing the numbers of children whose last immunisation was done in the period 1962 to 1966 by the estimated child population in the relevant age groups, and expressing the result as a percentage :

Age on 31.12.66 (i.e. born in year)	Under 1 1966	1-4 1962-1965	5-9 1957-1961	10-14 1952-1956	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1962-1966 ..	409 (323)	2,833 (2,587)	2,153 (1,657)	654 (584)	6,049 (5,151)
B. Number of children whose last course (primary or booster) was completed in the period 1961 or earlier	— (—)	— (—)	444 (797)	1,441 (1,407)	1,885 (2,204)
C. Estimated mid-year child population based on last census	912	2,889	8,227		12,028
Immunity Index $\frac{100A}{C}$..	44.8 (33.4)	98.1 (89.5)	34.1 (27.2)		50.3 (43.0)

(the figures in brackets refer to 1965)

The immunity index is a means of showing for different age groups the percentage of children who are immune, i.e. who have completed their

inoculations (primary or reinforcing) within a specified period. The following table shows the steady improvement over the past five years:—

Age group	Immunity index				
	1962	1963	1964	1965	1966
Under 1 year ..	25·8	26·1	30·5	33·4	44·8
1– 4 years	78·3	84·4	86·4	89·5	98·1
5–14 years	17·7	20·4	24·8	27·2	34·1
0–15 years	31·5	36·6	40·0	43·0	50·3

The actual number of immunisations completed in 1966 is shown in the next table. There has again been an increase in the number of reinforcing injections given (1,717 compared with 1,225 in 1965 and 757 in 1964). This increase applies both to diphtheria and tetanus only (i.e. the 5 year old booster dose), and to the reinforcing dose given at about 18 months and which normally includes whooping cough.

Type of injection	Numbers completing primary course of injections			Numbers having reinforcing injections			Grand Total
	At L.A. clinics or schools	At G.P.'s surgery	Total	At L.A. clinics or schools	At G.P.'s surgery	Total	
Diphtheria ..	—	—	—	139 (111)	—	139 (111)	139 (111)
Tetanus ..	— (7)	—	— (7)	—	—	—	—
Diphtheria/Tetanus ..	22 (14)	12 (7)	34 (21)	597 (350)	370 (313)	967 (663)	1,001 (684)
Diphtheria/Tetanus/Whooping Cough ..	324 (275)	637 (519)	961 (794)	200 (163)	411 (288)	611 (451)	1,572 (1,245)
Totals	346 (296)	649 (526)	995 (822)	936 (624)	781 (601)	1,717 (1,225)	2,712 (2,047)

The following table shows the number of vaccinations carried out during the past three years.

Age group	Number of primary vaccinations			Number of re-vaccinations		
	1964	1965	1966	1964	1964	1966
Under 1 year ..	37	8	21	—	—	—
1 year	244	319	538	—	—	—
2–4 years ..	40	115	151	10	1	1
5–14 years ..	17	21	36	37	8	19
15 years & over	—	—	—	—	—	—
Totals	338	463	746	47	9	20

Smallpox vaccination remains the least popular of all the protective procedures available. Of the 746 primary vaccinations carried out during the year, 274 were performed at the clinics and the rest by general practitioners in their own surgeries or in patients' homes.

Poliomyelitis:

The following table shows the number of vaccinations against poliomyelitis completed during 1966. Salk vaccine by injection is now seldom used; in virtually all cases the Sabin vaccine is given orally.

Age group	Numbers completing primary course during 1966			Number who received a reinforcing dose during 1966			Grand Total
	At L.A. clinics or schools	At G.P.'s surgery	Total	At L.A. clinics or schools	At G.P.'s surgery	Total	
Children born in 1965 and 1966 ..	388 (300)	593 (406)	981 (706)	68 (8)	105 (—)	173 (8)	1,154 (714)
Children (and others) born in 1964 or earlier ..	54 (56)	131 (120)	185 (176)	537 (405)	453 (279)	990 (684)	1,175 (860)
Total	442 (356)	724 (526)	1,166 (882)	605 (413)	558 (279)	1,163 (692)	2,329 (1,574)

(The figures in brackets refer to 1965)

Primary vaccinations numbered 1,166 compared with 882 in 1965. Most of these were in babies and toddlers. Reinforcing doses increased from 692 to 1,163; most of these were given to children who had just started or were about to start school, but additional reinforcing doses were also being given at the same time as the fourth (reinforcing) dose of triple vaccine, i.e. at about the age of 15 months.

Members of the Corporation staff were again offered protection against this disease, and in the month of October, 494 were given the simple immunising injection. 171 of these were school teachers.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

(a) *Liaison with hospital and voluntary services:*

With the re-organisation following health visitor attachment to general practitioners, visiting of tuberculous households is now carried out by each and every health visitor depending on which doctor's list the patient is on. She makes a report on the environmental circumstances of every new case and prepares a list of contacts for the consultant. He then makes arrangements where necessary for the appropriate tests, vaccinations and X-rays. During the year 31 tuberculous households were visited.

The Medical Officer of Health, Area Nursing Officer and Medical Social Worker are members of the Worthing Area Committee of the Sussex Rural Community Council. This meets quarterly and has been instrumental in helping a number of patients and their families.

(b) *Mass Radiography:*

For the seventh year running a mobile unit of the Portsmouth Mass Radiography Unit has visited Worthing weekly. It is stationed in the car park opposite the Health Department every Wednesday between 9.15 and 10.15 a.m. Intended primarily for persons referred by general practitioners, the Unit has been particularly useful in carrying out X-ray examinations of candidates for certain official appointments and applicants for entry to Teacher Training Colleges.

I am indebted to Dr. J. D. Lendrum, Medical Director, for the following details:—

The number of persons X-rayed in Worthing by the Mass Radiography Unit in 1966 was as follows:—

	Males	Females	Total
General Practitioner Service (52 weekly visits)	1,105	1,105	2,210
General Public and Factory Visits ..	3,361	3,702	7,063
TOTAL ..	4,466	4,807	9,273

The 2,210 persons X-rayed at the G.P. Service visits compares with 2,023 in 1965. The results of all visits are tabled below:—

Disease	Male	Female	Total	Rate per 1,000
Newly discovered cases of pulmonary tuberculosis requiring treatment or close supervision	3 (1)	4 (4)	7 (5)	0.75 (2.47)
Cases of tuberculosis requiring occasional out-patient supervision only	20 (20)	16 (11)	36 (31)	3.88 (15.32)
Primary cancer of the lung	28 (19)	5 (5)	33 (24)	3.56 (11.86)
Other forms of cancer	1 (—)	1 (1)	2 (1)	0.22 (0.49)

(The figures in brackets refer to 1965)

(c) *B.C.G. Vaccination:*

This scheme, begun in November, 1961, includes all the 13-year-old children attending both local authority and independent schools in the Borough. Each child whose parent has consented to the scheme, is given a Heaf test, followed by a B.C.G. vaccination if they are negative, or an X-ray at the Mass Radiography Unit if they are positive.

Here are the details of the work done in 1966, with those of 1965 in brackets for comparison:—

Number of children given Heaf tests	710	(982)
Number found to be tuberculin negative ..	689	(811)
Number found to be tuberculin positive ..	21	(85)

Geriatric Services:

The care and after-care of sick or aged persons requires the closest liaison and co-operation between local authority and hospital staff, particularly between hospital and local authority medical social workers and between ward sisters and health visitors.

I am indebted to Dr. R. B. Franks, Consultant Geriatrician to the Worthing Group Hospitals for the following report on the Worthing Hospital Group Geriatric Service:—

“Population Statistics:

The Registrar General’s estimate for mid-1966 of the population of the Worthing Hospital Group Area shows that for the first time the figure of 200,000 has been exceeded.

The breakdown of population estimates for the various districts in the Group Area is as follows:—

District		Mid 1965	Mid 1966	Change
Worthing Municipal Borough	..	81,100	81,100	Nil
Worthing Rural District	..	41,920	43,000	+ 1,080
Littlehampton Urban District	..	17,590	17,770	+ 180
Shoreham Urban District	..	18,190	18,230	+ 40
Southwick Urban District	..	11,960	11,900	— 60
Arundel Municipal Borough	..	2,670	2,680	+ 10
Chanctonbury Rural District	..	24,900	25,350	+ 450
Group Area	.. ..	198,330	200,030	+ 1,700

It will be seen that although the population of Worthing Borough is, perhaps surprisingly, thought to be static, the anticipated increase in all other districts with the exception of Southwick continues. The rise is particularly striking in the case of Worthing Rural District.

From the statistics of previous years it can be assumed that 25% or more of this total population are aged 65 and over yielding a figure of over 50,000 elderly persons."

The Work of the Group Geriatric Service:

The following table summarises statistics for each of the past five years:—

	1962	1963	1964	1965	1966
Applications: Male	289	349	325	299	292
Female	518	725	623	546	565
Total	807	1,074	948	845	857
Domiciliary assessment visits by consultant or registrar	748	931	719	640	682
Average number of hospital beds available for the year	208	255	260	254	258
Admissions from waiting list ..	531	663	593	506	419
Discharges home or to private or welfare accommodation	186	315	275	242	217
(Short-stay discharges included in this figure)	(101)	(109)	(70)	(110)	(112)
Transfers to geriatric beds in other groups	3	3	9	6	4
Transfers to mental hospital ..	1	1	6	3	2
Transfers to acute hospital ..	3	12	19	20	15
Deaths in hospital	243	316	291	242	186
Total of discharges, transfers out and deaths	436	647	600	513	424
Discharges, transfers out and deaths per available bed per year ..	2.10	2.51	2.30	2.02	1.64
Average length of stay in hospital in months	5.7	4.8	5.2	5.9	7.3
Geriatric outpatients seen in clinics	106	218	220	294	245

Applications at 857 show a slight rise compared with 1965. The ratio of males to females referred fell slightly, being 1:1.49 compared with 1:1.82 in the previous year. Domiciliary visits at 682 showed an increase of 42. The average number of beds available showed a rise of four over 1965; this was due to the fact that between June and December a few beds were made available for holiday relief short stay cases at Arundel Hospital. This was done to ease the additional strain on Swandean Hospital brought about by ward closures at Worthing Hospital for re-wiring.

Admission from the waiting list again showed a *disturbing fall of 87* compared with the previous year. As in 1965 the fall was partly accounted for by the continuing drop in mortality in hospital wards, the figure for deaths at 186 being the lowest since the unit was formed, and amounting to a further fall of 56 compared with the already low figure for 1965. The number of discharges home or to private or welfare accommodation again showed a fall though this was less substantial than in the previous year. A breakdown of discharges shows that those to Welfare Homes increased from 25 in the previous year to 32, 24 of these being on an exchange basis; discharges to private residential accommodation fell slightly from 38 to 34. *Discharges home fell considerably* from 179 in 1965 to 151 in 1966.

It will be seen that the total of discharges at 217 exceeded the figure for deaths (186) for the first time, but this was entirely due to the very low mortality in the wards.

There was a continued demand for relief short stays and 138 such cases were admitted and 112 discharged home, giving a success rate of 81% slightly higher than in 1965. A-list admissions totalled 281 and 105 were discharged home or to welfare or private residential accommodation, giving a discharge rate of 37.5% compared with 36% in the previous year.

The Geriatric Waiting List:

The next table shows the comparative figures at the end of 1965 and 1966. Once again *the position has worsened*, particularly for females. The waiting list at the 28th February, 1967 (A-List 157, total 237) is the worst ever. 200 people have applied for admission since 1st January, 1967, quite apart from cases referred from the acute wards. The only previous occasion on which applications ran as high as this was in the prolonged very cold spell of early 1963. The weather can certainly not be blamed this year.

It should be noted that a full postal review of the waiting list was carried out during the month of January and it can therefore be assumed that the figures given are reasonably realistic.

The reasons for this deteriorating position are discussed later in this report.

Waiting lists	Females		Males		Totals	
	1965	1966	1965	1966	1965	1966
"A" list (in need of admission) ..	60	91	28	28	88	119
"B" list (can be nursed at home or nursing-home pro tem)	18	23	5	7	23	30
Short stay	11	8	3	3	14	11
Others	4	2	1	3	5	5
Totals	93	124	37	41	130	165

A Home for Terminal Cancer Cases :

I first made reference to the great need for such a Home in my Annual report for 1962. There is still no such home in West Sussex.

A Survey I carried out in 1962-3 in conjunction with the County and Hospital Medical Social Workers showed that 651 cancer deaths occurred in the Group Area in 1962, only 270 of these taking place in Hospital. It followed that nearly 400 of these occurred either at home or in commercial nursing homes. Further analysis showed that 8 out of 11 of these deaths occurred either in Worthing Borough or in Worthing Rural District, that is within 6 miles of the centre of Worthing.

I have recently reviewed the cancer deaths in the Group Area during 1965. All the districts within the Group Area have shown an increase since 1962, with one minor exception, and the total for 1965 was 714. This represents an increase over the three years of 9.7% compared with an increase of deaths from all causes in the Group Area of 5%. The table below shows the details.

	Deaths from all causes	Deaths from cancer	Cancer death rate per 1,000 population
Worthing Municipal Borough	1,895 (1,807)	344 (335)	4.3 (4.3)
Worthing Rural District ..	783 (775)	155 (137)	3.7 (3.5)
Littlehampton Urban District	247 (215)	52 (37)	3.0 (2.4)
Shoreham Urban District ..	202 (208)	42 (46)	2.3 (2.6)
Southwick Urban District ..	180 (174)	34 (30)	2.8 (2.5)
Arundel Municipal Borough ..	56 (44)	10 (4)	4.1 (1.5)
Chanctonbury Rural District	349 (313)	77 (62)	3.1 (2.7)
WORTHING GROUP AREA	3,712 (3,536)	714 (651)	3.6 (3.4)

(The figures in brackets, refer to 1962)

During this period there has been no expansion in hospital beds and it is safe to assume that the same sort of proportion of cancer cases died outside hospital in 1965 as was the case in 1962. It follows that nearly 440 cancer deaths must have occurred either at home or in commercial nursing homes in the year 1965. As the population grows, and ages, this figure is likely to increase for the next decade or two, at least until some major "breakthrough" in the prevention and treatment of cancer occurs.

In these circumstances there is now a desperate need for a Terminal Home for such cases in the Group Area, run by some non-profit-making charitable organisation. Such a home would cater for the spiritual as well as the physical needs of these patients. If such a project could be launched I feel that public support for it would be on a very generous scale, though support from statutory sources would undoubtedly be required, in particular towards maintenance costs, in the early years. Bearing in mind that the only Home of this type is in East Sussex, with all the attendant problems of visiting from a distance, and that over 70% of the deaths from cancer in the Group Area occurred in either Worthing Borough or Worthing Rural

District, there is no doubt in my mind that the geographical siting of this terminal home should be in Worthing.

Comment on the Geriatric Bed Situation:

During the years 1961-63 there was an expansion of geriatric beds in the Group from 170 to 255, an increase of 85. During this period I was able to implement my declared policy of early referral and admission of geriatric patients for treatment to prevent physical and mental crippling and to bring about their early return to the community.

Since 1963 there has been no further increase in the number of beds available. Furthermore the Day Centre and Geriatric Convalescent Home I asked for in 1961 have not materialised. In the meantime the elderly population of the Group Area has continued to grow at the rate I had earlier predicted, with the expected increase in pressure on the Geriatric Services. The earlier modest provision of beds has now been completely swamped. The steady fall in mortality in the wards has, in this respect, not helped the situation and we are now faced with a hard core of very considerable size of irremediable patients who will require hospital care for the rest of their days. Many of these are demented and incontinent.

Under the present pressure it is no longer possible to admit the early and promising geriatric case. Increasingly we are forced to admit patients, more often than not irremediable, who have been put forward by their General Practitioner on pressing social grounds and in particular on financial grounds where nursing home accommodation, which the patient has been forced to accept because of shortage of hospital beds, can only be afforded for a very limited time. Miss Hopkins in her report draws attention to the fact that she arranged 72 temporary admissions to nursing homes in 1966 compared with 47 in 1965. These figures, grim as they are, only represent part of the true situation however, taking no account of the nursing home admissions arranged by General Practitioners themselves because a hospital bed could not be found. At the date of writing 40 patients on my A-List are in nursing homes, many of them in considerable financial distress. In spite of my repeated requests over the years no financial help from statutory sources has been made available for these unfortunate old people, though it must be clear to one and all that it is the lack of hospital beds which has brought about their plight.

The 120 General Practitioners whom we serve have gradually become aware of the fact that the Geriatric Service is being overwhelmed and have sadly been forced again into a situation similar to that of five years ago, where they are only referring cases of great social or medical urgency. It is certain that this situation will continue, and indeed go on getting worse, until more acute and geriatric beds are provided. Apart from the misery caused to patients and their relatives and the frustration felt by the General Practitioners, the effect on the morale of all who work in the geriatric service may readily be imagined. Little comfort is to be obtained from the suggestion that more beds may come in some years' time. Clearly what is required is a crash programme of hospital building now.

The present position is particularly galling to me as I gave warning of the anticipated growth of our elderly population, and stressed the bed requirements to cover it, as long ago as November, 1961, and have done so annually ever since."

Health Education:

The Health Education Organiser has submitted the following report:

“This has been a year of consolidation for the Health Education section of the Health Department.

Dental health education in schools prior to the visit of the dental officer has been continued, and February saw the visit of Pierre the Clown—a light-hearted approach to the subject which, whilst not sufficient in itself, lent emphasis to the already existing programme. The gift of an apple was particularly welcomed by each child.

The Mothers' Club continued to function with regular emphasis on health education in an informal manner. In July, Worthing Civil Defence H.Q. became the base for the club's monthly sessions.

Ante-natal classes recommenced in September in conjunction with the Worthing Hospital Maternity Unit, where from August the film “To Janet a Son” has been shown once monthly. In addition health education displays in the Casualty and Out-Patients Departments of Worthing Hospital have been on view since October. The mothercraft programme incorporated talks by the dental officer and physiotherapist as well as midwives and health visitors. Expectant mothers were encouraged to attend at any time in the series which included the following:

1. Importance of correct posture during and after pregnancy (i.e. avoiding backstrain).
2. Minor problems which may arise in pregnancy.
3. Simple general exercises
4. Care of teeth.
5. Relaxation.
6. Diet, pram, cot and layette.
7. Correct support during and after pregnancy (i.e. foundation garments, etc.).
8. The new baby.
9. Baby feeding.
10. At your request.

In addition, at the first hospital visit (i.e. the booking clinic) mothers were given a conducted tour of the maternity wards. At the hospital visit made when 36 weeks pregnant, they were shown the labour ward again and practised using the gas and air machine.

There has been an increased number of requests for talks to various organisations, as the facilities have become known. The following is a list of talks given at different times during the year to 19 organisations:—

1. Work of the Health Department.
2. Changing attitudes towards cancer.
3. Preparation for retirement.
4. Your medicine cupboard.
5. Mouth to mouth resuscitation.
6. Food for health and pleasure.
7. A safe home.
8. Smoking and health.
9. Sound teeth.
10. Mental health.
11. Shoes and your feet.
12. Today's teenagers.

The total number of talks given was 62 and attendances totalled 1,618. Approximately half the talks included the showing of films. In addition, talks given in schools numbered 163; in most cases these were accompanied by a film. Particular attention was given at the George Pringle School where the children received weekly instruction in personal hygiene and child care.

During the summer term schools co-operated in a campaign for the promotion of water safety. This was arranged with the Water Safety Committee who, with the Home Safety Committee, sponsored a poster competition. The winning posters were displayed in the Worthing Home and Leisure Exhibition at the Assembly Hall in September. The Health Education section also provided the Home and Water Safety display on the stand.

Miss Hart's invaluable artistic help to the service began in April. Without her assistance it would be difficult to produce and maintain a regular change of the Worthing Hospital Health Education displays, as the production and display are very time-consuming. She devoted 69 sessions to display work and 17½ sessions to clerical work.

It is always difficult to evaluate the success of health education, particularly over such a short period as less than three years, the period of time the health education section has been functioning in Worthing. How the service develops will perhaps be influenced by the proposals of the Cohen report which recommended the setting up of a Central Board to promote 'a climate of opinion generally favourable to health education . . .' The habits of human beings are slow to change, but changing attitudes towards health will undoubtedly be influenced by a powerful central body to give a lead and assistance to local efforts."

The work of the Medical Social Worker:

Figures for 1966 show a slight increase over those of the previous year, there having been 267 new patients referred and 41 who were previously known referred again, totalling 308. In addition to these at the end of 1965 78 cases were still current, making a total for the year of 386.

The sources of referral for the 308 were as follows:—

General Practitioners	..	..	..	..	..	..	70
General Practitioners/Health Visitors	..	..	..	..	..	..	45
Consultants	..	..	..	..	..	..	13
Medical Social Workers	..	..	..	..	..	..	51
Health Visitors/District Nurses	..	..	..	..	..	..	61
Statutory Agencies	..	..	..	..	..	..	14
Miscellaneous	..	..	..	..	..	..	24
Personal Applications	..	..	..	..	..	..	30
							<hr/> 308 <hr/>

Once again quite a large proportion of the patients were suffering from cancer, a total of 83. An age analysis of the patients shows that the

majority—254—were over 60 and that 100 were over 80 years of age, including 18 over 90.

A summary of the reasons for referral follows (some patients were referred for more than one reason):—

Recuperative holidays and convalescence—Privately				22
—Per M.O.H.				17
				—
				39
Follow up from hospital treatment	..	..	..	29
Advice re residential care—Temporary	..	..		24
—Permanent	..	..		60
—Terminal	..	..		25
				—
				119
Social and personal problems	..	..	..	79
Financial problems and help	..	..	..	68
Others	..	..	..	13
				—
				347
				—

As last year there was a saving of local authority funds on recuperative holidays because help was obtainable from other charitable sources or patients were able to afford their own fees in 22 out of 39 cases referred. These holidays were arranged, not only as a means of speeding up recovery after illness, but also to alleviate strain for hard-pressed relatives caring for invalids.

A large number of patients were referred for help in planning for the future. These patients, totalling 60 during the year, were a cross-section of the community. Quite often owner-occupiers who did not qualify for welfare homes were needing advice as to the right type of private home. Here it has been the aim to try and place the right person in the right place, whether it is in an Abbeyfield Home or a private nursing home, according to their medical and social requirements.

The problem of adjusting to a change of environment increases with age and often it is especially difficult for the over-eighties to make such an adjustment, and often a considerable amount of casework help and support is needed.

In other cases where patients did not wish to take the step of giving up their homes, it has been the aim to co-operate with other workers to give as much support and help as possible. This can be especially difficult in the case of those with failing memories and all the problems that this involves. Always one has been glad to use voluntary as well as statutory agencies for help and co-operation and several local churches in particular have been very helpful in giving personal services of different kinds to patients.

An increasing amount of financial help has been given by the National Society for Cancer Relief, who have contributed £1,267 during the year, this money being partly used for extra nourishment and extra comfort grants and partly used to subsidise nursing home fees. Special mention

should be made of the grant of £1,058 received from the Marie Curie Memorial Foundation during the year. This money again has chiefly been used towards nursing home fees for needy terminal patients, a total of 25 having been assisted in this way during the year. For these patients it has been possible, when an emergency has arisen and no hospital bed has been available, to place them in a nursing home and then appeal to the Marie Curie Foundation for the balance of the fees afterwards. The aim in working with these patients has been to establish a helpful relationship with the patient and his relatives as they face all the stress of prolonged illness and bereavement.

Financial help in other special circumstances has been obtained from such sources as the Professional Classes Aid Council, Friends of the Poor, Government Benevolent Institution, R.U.K.B.A., etc., totalling £416 during the year. Mention should also be made of the continued and valuable help given in kind by the Worthing Area Care Committee of the Sussex Rural Community Council to patients suffering from chronic chest complaints.

Home Nursing Equipment:

Stocks are kept in the department of various aids to home nursing, and are issued as required. These include mattresses, foot cradles, back-rests, bed-pans, urinal bottles, hot water bottles, rubber sheeting, rubber rings, night-dresses and sputum mugs.

Increasing use is being made of incontinence pads. All who need them are supplied free of charge, and there is no doubt they are a great boon to patients and their relatives as well as being time saving for the district nurses.

Disposal of pads is either by burning in the household grate or, after wrapping in newspaper, through the ordinary dustbin refuse collection. In cases of special difficulty, however, collection can be arranged by this department. There have been no complaints with the present service and general practitioners have expressed themselves well satisfied with the scheme.

Chiropody:

The following table summarises the work done during the past five years:—

Year	No. of clinic sessions	No. of new patients	Total No. of patients who received treatment	Total No. of treatments (old and new patients)	No. of free treatments	% of free treatments
1962	120†	184	*	593	265	45
1963	190†	188	*	1,220	423	35
1964	340†	272	*	1,965	655	34
1965	435	369	692	2,418	834	34
1966	476	339	939	3,655	1,185	32

* not recorded † approximate figure

It will be noticed that though the number of new patients has fallen, the total work done has greatly increased. This is a direct result of the appointment in April of a clinic assistant to the Chiropodist. He reports as follows:—

“The year 1966 has seen a 50% increase upon the previous year, and a sevenfold increase over the number of treatments given during 1962—the first year in which the Chiropody Clinic was in operation. My clinic assistant has undertaken full responsibility for the upkeep of clinical records, the preparation of statistics for official requirements, the reception and preparation of patients for treatment and all enquiries and booking of appointments.

With the acquisition of duplicate clinical equipment, and the classification of patients according to their needs, it has been possible to make fuller use of the time available, to the benefit of both the patient and the department.

However, despite improved efficiency and the great increase in the number of total treatments given, the number of treatments it is possible to give per year to *individual* patients, has had to be reduced from six to five.

New applications continue at a high level as the availability of the chiropody service becomes more widely known in the town. This knowledge is extended by periodic talks on footwear and care of the feet, given by our Health Education Organiser to various local clubs and associations, following which, there is usually an influx of new patients requesting treatment. The service will have to be expanded still further to meet this increasing demand.”

Cervical Cancer :

The Worthing and District Cervical Cytology Service Clinics continued to be held every Wednesday throughout the year at Worthing Hospital, with alternating afternoon and evening sessions. These clinics are principally for women between the ages of 35 and 55, but others may attend.

Administrative and nursing help is given free by volunteers, and the detailed microscopic examination of the smears carried out by trained technicians on the hospital staff. The records of the laboratory findings are forwarded to the Health Department, which keeps the statistics and sends the results to the individual patients and their own doctors.

During 1966, the first full year of the service, over 2,000 smears were taken and the results of the tests are given in the following table:—

	Women resident in the Borough	Women resident outside the Borough	Total
Negative cases ...	1,044	859	1,903
Positive cases	8	9	17
Negative, but to be re- tested in one year ...	25	26	51
Negative, but with infections :			
Trichomonas ...	15	18	33
Monilia ...	16	8	24

The patients to be re-tested in one year had either trichomonas or monilia infections, or there was some very slight abnormality which it was felt it would be wise to check.

HOME HELP SERVICE

At the end of 1966 the total number of Home Helps was 81. At no time did numbers fall as low as in 1965. This may be due to the Selective Employment Tax which came into operation in September.

Recruitment is still very difficult, and the employment of young girls to the service has many pitfalls. Every case is, however, studied individually and we still welcome young people, including students during their holiday periods. With the number of Home Helps not increasing much beyond 80 it now seems that the Home Help Service must be regarded more as an emergency service. Householders who can pay the full cost should be encouraged to find private help whilst accepting the Home Help Service for a month during the initial emergency. Thus householders who can never afford private help will not be penalised.

At the end of the year a training course of lectures and demonstrations was started, and the first two were demonstrations of invalid cookery at the Gas Showroom and a talk on the use of various gadgets for gas appliances for the disabled. In all 66 Home Helps attended. A very full programme covering most aspects of Home Help work is planned for the future.

Once again the W.R.V.S. Meals on Wheels Service has been invaluable, having averaged 1,020 meals a week during 1966.

Details of the help given in the past five years is shown below:—

Number of persons who received help						
Category	1962	1963	1964	1965	1966	
Aged or infirm	583	795	863	1,043	1062	
Maternity cases	36	44	47	43	29	
Chronic illness	214	65	82	60	53	
Others		54	94	90	100	
Total	833	958	1086	1,236	1259	

The actual number of hours of help given in 1966 was 92,568, 3,689 more than in the previous year, and over 700 households on average were receiving help from the Service each week.

MENTAL HEALTH

Local Association for Mental Health:

The first major project of the Association has been concerned with the rehabilitation of mentally ill patients after their discharge from hospital. Commenting on this scheme, the Chairman of the Association, G. W. Colville, Esq., J.P., writes:—

“The Local Association is particularly interested in re-habilitation work. Hospital doctors, aided by modern therapeutic advances, now are able to correct many of the hitherto incurable diseases, but they find that their work is handicapped by virtue of the fact that many patients, especially those who have been in hospital for many years—have no homes to

return to, or that the long years in hospital have reduced their self-confidence to the extent that leaving hospital is a formidable obstacle.

In October, 1965, a number of private patients left Graylingwell Hospital to be cared for in a private house, owned by two members of the Local Association who had volunteered to use their own home as a “half-way house” and to give advice and support to these ex-patients during the difficult months following their discharge.

This group progressed so well that it was felt that they were ready for independent reintegration into the community. Finding accommodation for this group (all female) was a difficult problem. Officers of the Association viewed several properties which were available on a rental basis, but the rents were either too high or the tenancy was for a short period, and as we wanted to secure a permanent home, we decided to purchase a house. We therefore obtained a pleasant terraced house, in good decorative order, and the group were able to move into the house in August, 1966, as they had by then gained sufficient self-confidence to live independently. This house is regarded as being entirely their own home and they are free to stay there as long as they wish. The house was purchased, with the aid of a mortgage, which has been guaranteed by members of the Executive Committee and the ex-patients pay a weekly rent which covers the mortgage repayments and leaves a small balance to be spent on maintenance.

This move left the “half-way house” free for other patients and thus it is hoped we shall be able to extend our scheme—eventually purchasing more houses to enable more groups to gain their independence. The basic aim is that these groups should become self-supporting family units with as many as possible in full employment and a minimum number staying at home to do the housekeeping. Since the project commenced 19 patients have passed through the care of the Association.”

The Work of the Mental Welfare Officers:

This can be summarised as follows:—

- 1. The statutory admission of mentally ill patients to hospital.
- 2. The supervision and visiting of the mentally subnormal in the community.
- 3. The supervision and management of the mentally ill in conjunction with the consultant psychiatrists and the family doctors.

(a) Mental Illness:

Number of patients admitted to Psychiatric Hospitals:—

Mental Health Act, 1959	Males	Females	Total
Section 5 (Informal)	22 (20)	33 (19)	55 (39)
Section 25 (Observation—28 days) ..	2 (6)	12 (18)	14 (24)
Section 26 (Treatment)	6 (6)	12 (11)	18 (17)
Section 29 (Observation in Emergency —3 days)	13 (20)	19 (22)	32 (42)
Section 60 (Court Order)	1 (—)	— (—)	1 (—)
Section 65 (Court Order)	— (1)	— (—)	— (1)
Total	44 (53)	76 (70)	120 (123)

(the figures in brackets refer to 1965)

(b) *Mental Subnormality: (i) Register*

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Boarded out under Guardianship	1 (1)	3 (4)	4 (5)
In Psychiatric Hospitals ..	40 (41)	32 (30)	72 (71)
In Mental Nursing Homes ..	— (—)	— (—)	— (—)
In Residential Homes	4 (2)	7 (3)	11 (5)
Boarded out in Private Homes..	3 (3)	1 (1)	4 (4)
Under Informal Community Care	51 (50)	70 (75)	121 (125)
Total ..	99 (97)	113 (113)	212 (210)

(the figures in brackets refer to 1965)

(ii) New referrals

<i>Source of referral</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Relatives	— (1)	— (—)	— (1)
Other Health Authorities	3 (2)	3 (2)	6 (4)
Worthing Committee for Education	— (3)	— (2)	— (5)
Labour Exchanges	— (—)	— (—)	— (—)
General Practitioners	— (1)	— (—)	— (1)
Other Sources	1 (—)	2 (1)	3 (1)
Total ..	4 (7)	5 (5)	9 (12)

(the figures in brackets refer to 1965)

SERVICES FOR THE BLIND AND PARTIALLY SIGHTED

Welfare services are operated through the Worthing Society for the Blind whose Honorary Secretary is one of three social welfare officers for the blind. The services include:—

- (a) Visiting, social work, teaching and helping the blind and partially sighted to live as full a life as possible.
- (b) Making arrangements for ophthalmic examinations, registration, handicraft instruction and sale of crafts, the issue of talking book machines, radios, special equipment and apparatus.
- (c) Arrangement of social and craft centres, outings and holidays.
- (d) Arranging and assisting in social rehabilitation, training, home employment under the Home Workers' Scheme and employment in sheltered workshops.

Registration:

At the end of the year there 364 blind and 112 partially-sighted persons on the register. The great majority of these were elderly as is shown in the following tables:—

Blind:

	0-10	11-20	21-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
Male	—	1	1	4	3	14	14	40	42	7	126
Female	—	—	2	—	2	9	18	62	106	39	238
Total	—	1	3	4	5	23	32	102	148	46	354

There were 52 new registrations during the year (14 male and 38 female).

Partially sighted:

	0-20	21-49	50-64	65+	Total
Male	2	5	3	20	30
Female	—	1	9	72	82
Total	2	6	12	92	112

There were 38 new registrations during the year (15 male and 23 female).

Richmond House:

The official opening by the Duchess of Norfolk on June 9th saw the fulfilment of the Worthing Society for the Blind's flatlet scheme. The sheltered housing provided for the 12 blind but otherwise self-supporting tenants has cost over £38,000, money raised entirely from voluntary subscriptions—a splendid tribute to the work of the Society and the generosity of the Worthing public.

SERVICES FOR THE DEAF

Welfare services are provided through the Sussex Diocesan Association for the Deaf and Dumb. They include:—

- (a) Regular visiting and advisory services through welfare officers who can communicate with the deaf.
- (b) Provision of interpreter services in courts of law, marriage ceremonies, etc., and help in placing in employment.
- (c) Provision of social centres and religious ministrations.

Registration:

For employment purposes the deaf can be divided into those with or without speech. The following tables summarise the position at the end of the year as regards the 46 registered deaf adults. (Deaf and partially-hearing children are the responsibility of the School Health Service—see page 108).

Deaf with speech:

	16-64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	—	5	5	—	—	—	5
Unemployed or retired	2	2	4	3	7	10	14
Total	2	7	9	3	7	10	19

Deaf without speech:

	16-64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	7	8	15	1	—	1	16
Unemployed or retired	1	2	3	1	7	8	11
Total	8	10	18	2	7	9	27

These tables do not give a true indication of the numbers of deaf and partially hearing persons in Worthing. Surveys have shown in other parts of the country that about 1 person in 1,000 is profoundly deaf and 10 times this number seriously hard of hearing. This means that there are possibly 80 or more deaf and perhaps 1,000 partially hearing persons in the town.

SERVICES FOR HANDICAPPED PERSONS

The work continued to expand during 1966 and the number of persons on the register was 732 at the end of the year, an increase of 131 in 12 months.

The following table analyses the various disabilities according to their effect on working ability:—

Disability	Working ability					Total
	Capable under ordinary conditions	In sheltered work-shops	At home only	Incapable or not available	Children under 16	
	A	B	C	D	E	
Amputations ...	4	—	—	24	—	28
Arthritis and rheumatism ...	5	1	2	321	—	329
Congenital mal-formations and deformities ...	3	1	1	7	—	12
Internal diseases* and disease of the skin ...	—	—	5	20	—	25
All injuries and diseases of the limbs and spine (except T.B.) ...	6	3	1	58	—	68
Organic diseases of the nervous system† ...	14	7	5	206	1	233
Mental disorders (neuroses/ psychoses, etc.)	1	1	1	1	1	5
Tuberculosis—respiratory ...	—	—	—	2	—	2
Tuberculosis—non-respiratory	—	—	1	2	—	3
All other diseases	1	1	—	25	—	27
Totals ...	34	14	16	666	2	732

* Includes disease of the digestive, genito-urinary, respiratory and heart or circulatory systems.

† Includes epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.

It will be seen that by far the largest group are those deemed incapable or not available for work (666 out of 732). Most of these have in fact passed the age of retirement. Arthritis and rheumatism are the commonest disabilities.

Statistically the work of the Handicapped Services Officers can be summarised as follows, with that of the preceding year for comparison in brackets:—

Visits made	..	..	..	..	2,981	(2,402)
New patients added to register	..	..	..	..	193	(182)
Aids purchased	..	..	..	..	1	(1)
Aids loaned	..	..	..	..	356	(297)
Adaptations made to homes	..	..	..	..	14	(9)
Garage drives constructed	..	..	..	..	2	(2)
Holidays arranged	..	..	..	..	23	(24)

Aids and adaptations:

These include the provision of handrails, ramps for wheel-chairs, sliding doors, etc.

Several gifts have been made to the department during the year, including 2 wheel-chairs, for which acknowledgment is gratefully made. Some financial assistance has been given to individual handicapped persons by voluntary societies, West Sussex Association for the Care of the Disabled being particularly helpful in this respect.

Ministry of Health Chairs:

A considerable amount of work is done every year in connection with Ministry chairs. Following the doctor's request, advice is given regarding the most suitable type of chair for the patient and for use in his own home, e.g. door and passage widths, etc.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for 2 weeks only. In 1966 23 holidays were arranged and enabled relief from responsibility to be given to the relatives.

Day Centres and Clubs:

- (a) *West Sussex Association for the Care of the Disabled.* Twenty-seven persons attend the centre in Field Place—transport being provided by the British Red Cross Society. 16 members attend for the full day, 11 for the afternoon only.
- (b) *British Red Cross Society Disabled Club.* This continues to be held once monthly at the Congregational Church Hall, Shelley Road, Worthing. There is a varied programme of lectures, film shows, etc. The membership is now 50.
- (c) *Worthing, Littlehampton and District Spastics Society.* The Day Centre at Rectory Road was formally opened on the 7th May, and is now well established. It is open daily and attended by 10 patients who do industrial work and some craft work. For this they each receive 10s. pocket money per week.

Craft Classes:

In addition to the classes held fortnightly at Field Place, a weekly class is now functioning at "Normanton", a County Council home for the elderly in Shelley Road. About one third of the 31 residents attend, and most of them are disabled as well as elderly. This year they were runners-up for the cup open to all the County Council homes in the annual exhibition of handicrafts.

Housing for the Disabled:

This aspect of the work is still rather slow. Six flats have been allocated for the disabled on the Angola Road site and it was hoped that two would be ready for occupation in 1966. They were, however, not completed by the end of the year. Unsuitable housing continues to be quite a deterrent to the independence of a number of handicapped persons, many of whom do not require specially built properties. Their basic requirements are:—

1. Ground floor accommodation;
2. Easy access without steps;
3. Garage or space for shed for vehicle in some cases;
4. Good location for shopping.

Car Badges for Disabled Drivers:

The administration of this scheme was taken over by the Borough from the County Council late in 1965. Car badges are issued to assist severely disabled drivers with parking and only the following drivers are eligible:—

- (a) Drivers of vehicles supplied by the Ministry of Health.
- (b) Drivers of vehicles specially adapted for persons with defects of locomotion.
- (c) Drivers with amputations which cause considerable difficulty in walking, or who suffer from a defect of the spine or the central nervous system which makes control of the lower limbs difficult.

With the exception of drivers of vehicles supplied by the Ministry, it is necessary for persons making application for car badges to produce a medical certificate certifying they suffer from a "permanent and substantial disability which causes severe difficulty in walking."

The badges confer no legal rights but are issued for the purpose of identification so that the police can assist the disabled in parking and exercise discretion in their favour whenever possible. Since the installation of parking meters during the year it was decided that holders of car badges could park in meter bays free of charge for an unlimited period.

At the beginning of the year the car badge register contained the names of 69 Worthing residents and at the end of the year this number had increased to 110. 53 were renewals and 57 were applications received and approved during the year.

PRIVATE DAY NURSERIES

Privately owned day nurseries are administered under the Nurseries and Child Minders' Regulation Act, 1948. The Borough Council administers the functions of the County Council under this Act according to the Scheme of delegation.

During the year approval was given for the registration of seven additional nurseries and two child minders and the position at the end of the year was as follows:—

	<i>Numbers registered</i>	<i>Number of children provided for</i>
(a) Premises	17 (10)	447 (265)
(b) Daily minders ..	3 (1)	27 (5)

(The figures in brackets refer to 1965)

Fifty-one visits of inspection were made during the year.

PRIVATE NURSING HOMES

Under Section 187 of the Public Health Act, 1936, nursing homes have to be registered with the County Council. The powers of registration, inspection, etc. have not been delegated to the Borough Council though 31 of the 57 registered nursing homes in West Sussex are in Worthing.

In 1st January, 1967, the 31 homes provided a total of 495 beds and catered for medical, surgical, convalescent and maternity cases.

PRIVATE HOMES FOR THE ELDERLY OR DISABLED

These homes have to be registered with the County Council under Section 37 of the National Assistance Act, 1948. As with nursing homes the powers of registration and inspection, etc. have not been delegated to the Borough Council. On 1st January, 1967, there were 47 such homes in Worthing out of a total of 112 in the County as a whole.

Most of the 718 beds available are occupied by the aged and infirm who need looking after but no actual nursing care. Three homes cater for the blind only and provide a total of 115 beds. Two homes are registered for aged, infirm and disabled (22 beds) and one for mentally disordered children (5 beds).

DAY CENTRE FOR THE ELDERLY

Reference was made in last year's report to the preparations being undertaken for the opening of a day centre for the elderly using premises which once formed part of the Sussex Road School which was built at the turn of the century. When the school moved to Sackville Road in 1965 the building was taken over by the Borough Council's Youth Service. The premises could only be used for part of the time for this purpose, so the Council decided to make the premises available for the town's older citizens during the day as a community centre. The centre is named "The Sidney Walter Centre" after one of Worthing's former citizens as a tribute to his many years' service to youth in the town, and was formally opened by the Mayor, Councillor Mrs. H. Peryer, J.P., on 7th, March, 1966.

The cost of running the Centre is shared between the Borough Council's Education and Health and Welfare Committees and the County Council. A great deal of improvement has been carried out voluntarily by youth clubs and others, and both the young people and the senior citizens are represented on the Centre's House Committee, which is under the Chairmanship of Mr. S. C. Elliott, one of the originators of the scheme. The House Committee is responsible for advising the Borough Council on all matters affecting the running of the premises. The senior citizens and each youth club using the Centre have a management committee for their own particular affairs.

A full-time hostess is present every day between 10 a.m. and 5 p.m. when the Centre is open to senior citizens, and she arranges for hot snacks, coffee, biscuits, etc. to be on sale at the canteen. There are no entrance fees payable and all can enjoy the recreational facilities in the building free of charge. The senior citizens also arrange their own activities, e.g. a "bring and buy" and general sales, concerts, visits to places of interest, etc., and details of these are displayed on the notice board from time to time.

The Council hopes that all who come will enjoy the relaxed and friendly atmosphere which prevails at the Centre, and that they in turn will help each other to appreciate to the full the opportunities for recreation and companionship which have been provided.

NATIONAL ASSISTANCE ACT, 1948 AND

NATIONAL ASSISTANCE (Amendment) ACT, 1951

Section 47. Removal to suitable premises of persons in need of care and attention.

No legal proceedings were necessary during the year.

Section 50. Burial of the Dead.

It is the duty of local authorities to make disposal arrangements for the dead where no suitable arrangements appear to be made. This usually means that the deceased is without near relatives or friends or has no money in the estate. The funeral costs incurred by the Council are claimed from any residue or death grant and any balance is sent to the Treasury Solicitor for disposal.

Burials of 2 males and 5 females and cremations of 1 male and 1 female had to be arranged. The entire cost of the cremations and part of the costs of 2 of the burials were recovered by claims on the estate or death grant which was payable. The youngest person dealt with was a 34 year old man without relatives, and the eldest was an 87 year old lady. One 57 year old man who had recently been released from prison was found dead on a public seat on Crockhurst Hill. Another 59 year old lady weighed well over 30 stones and presented no mean problem to undertakers and cemetery staff.

STAFF MEDICAL EXAMINATIONS

Medical examinations are undertaken by staff of the Department in connection with teaching appointments and admissions of student teachers to training colleges.

Blood samples are taken for Widal tests on all new employees working in the water department. The following table summarises the work done during the year:—

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Borough Water Engineer (Widal tests)	9 (5)	— (—)	9 (5)
Education (Teachers)	2 (1)	— (—)	2 (1)
Entrants to Training Colleges ..	17 (14)	38 (40)	55 (54)
TOTAL ..	28 (20)	38 (40)	66 (60)

(the figures in brackets refer to 1965)

One medical examination was carried out at the request of another Local Authority in 1966.

Prospective employees of the Borough Council no longer receive a medical examination routinely on appointment but instead complete a detailed statement outlining their past and present health, and this is scrutinised by one of the medical staff. In the event of any unsatisfactory medical history, an examination is carried out or further information is obtained (with the candidate's permission) from his own doctor.

The following is a summary of the work done during 1966:—

Health Statements Completed

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Town Clerk	5	3	8
Borough Engineer	19	2	21
Borough Architect	8	4	12
Medical Officer	2	15	17
Borough Treasurer	13	11	24
Borough Librarian	2	6	8
Borough Water Engineer ..	1	1	2
Director of Entertainment and Publicity	2	—	2
Borough Education Officer ..	3	—	3
Housing Manager	2	1	3
Justices Clerk's	3	1	4
TOTAL ..	60 (57)	44 (44)	104 (101)

(the figures in brackets refer to 1965)

PART III.

ENVIRONMENTAL HEALTH SERVICES

(Report of the Chief Public Health Inspector)

INTRODUCTION

This part of the report covers the fundamental duties of a health department—the prevention of environmental conditions likely to be the cause of or to spread disease. As living standards rise, this basic function tends to be overlooked until an occasional epidemic in some part of the country reminds of of the need for constant vigilance.

Legislation seeking further improvement in living and working conditions and food supplies increases yearly, with seemingly little regard to the availability of staff to perform the additional functions.

The Council declared a further Improvement Area during the year in its policy of ensuring that all tenants who want modern amenities should be provided with them. More tenants also asked the Council to use its compulsory powers to provide these amenities for houses outside Improvement Areas. The improvement grant facilities for this purpose are now a reasonable inducement to landlords also to improve property.

The public's awareness of the department's general range of duties appears to increase, for 2,371 enquiries were dealt with—a 20% increase over the previous year. This figure has more than doubled in the last 10 years. Public Health Inspectors also made over 11,000 visits in connection with their work.

GENERAL INSPECTIONS

General inspections included the following:—

Houses	..	..	..	..	..	2,551	(1,573)
Factories	..	..	..	..	..	2,540	(280)
Food Premises	..	..	..	..	..	2,360	(1,384)
Drainage	..	..	..	..	..	817	(895)
Air Pollution Measurement	..	..	..	..	..	933	(930)
Smoke Observations	..	..	..	..	..	220	(179)
Offices and Shops Act.	..	..	..	..	..	1,433	(1,655)
Pest Destruction	..	..	..	..	..	344	(371)
Noise Abatement Act	..	..	..	..	..	170	(119)
Various Premises	..	..	..	..	..	2,492	(2,812)

1,042 (1,486) notices were served and 733 (602) notices complied with.

(The figures in brackets refer to 1965).

HOUSING

Though most of the really sub-standard property in the town has been swept away or radically improved, there are still a few areas where modern amenities—inside lavatories, bathrooms and hot water supply—are lacking. The Council continued its area improvement policy during the year by declaring a further area of 165 houses to be an “Improvement Area” for the purposes of the Housing Act, 1964. Interspersed throughout these were 62 requiring these amenities. A sub-committee spent 2 afternoons interviewing owners and tenants in accordance with the somewhat ponderous procedure, but considered it worth while, especially as there followed a steady increase in the houses improved. Elderly tenants unable to take full advantage of the proposed amenities or not wanting the upset of the work, were the main reason for the 13 suspended notices eventually served.

Outside the Improvement Areas, 17 tenants formally requested the Council to use its compulsory powers for improvements to their houses.

Many of the town's larger Victorian houses and private hotels have been adapted for multiple occupation in view of the demand for small accommodation near the town centre and sea front. Most of those inspected were found to be reasonably provided with amenities and only 11 notices had to be served. However, one owner of such a house presented the Council with a problem when the electricity supply was disconnected because of non-payment of the account. Further investigation revealed that she was not the freeholder, had merely contracted to purchase and had no assets. There were other legal complications making compulsory management hazardous in this instance. Eventually the Council rehoused 2 families including 7 children but the problem remained unresolved at the end of the year.

Another unusual instance of multiple occupation was discovered when 18 foreign workers—9 married couples employed at a local hotel—were found to be occupying the top floor of a 4 storey building, sharing 1 W.C. and bathroom and without adequate fire escape facilities. Arrangements to provide additional facilities were quickly put in hand when representations were made by the Council.

Housing repairs are enforced mainly under the Public Health Act provisions but Housing Act work in default was carried out in 5 instances.

Housing Inspections

Houses in multiple occupation	69	(89)
Total number of dwelling-houses inspected (Public Health Act or Housing Act)	2,551	(1,573)
No. of houses repaired after informal notice	105	(129)
Statutory Notices served:		
(a) Public Health Act, 1936 and 1961	32	(39)
(b) Housing Act, 1957	8	(12)
Defects remedied by:		
(a) Owner	17	(14)
(b) Corporation in default	33	(7)
Closing Orders made:		
Houses	3	(2)
Closing Orders determined:		
Houses and Underground rooms	2	(2)
Compulsory Improvements—areas:		
Areas declared	1	(1)
(165 houses, 62 requiring improvements)		
Immediate Improvement notices served	14	(5)
Suspended Improvement notices served	13	(10)
Undertakings accepted	2	(4)
Deferred (tenants purchasing or being improved)	—	(8)
Compulsory Improvements—not in areas:		
Tenants' representations	17	(4)
Immediate Improvement notices served	2	(2)
Undertakings accepted	8	(—)

(The figures in brackets refer to 1965).

RENT CONTROL

This hardly deserves more than a passing comment even though the procedure for obtaining a certificate of disrepair for certain tenants remains in force in the unrepealed part of the 1957 Rent Act. No applications were received for the fourth year running. The 1965 Act's provision for negotiated rents and regulated tenancies has meant more justice in some instances but until the Ministerial order is made allowing controlled tenancies a similar increase, there will be little encouragement to owners to spend money on their property.

CARAVANS

There is no caravan site in the borough though 1 permanent and 3 temporary sites are licensed for individual caravans. A large open field in Cote Street near the borough boundary continues as a certificated site of the National Caravan Club for which no local permission is needed. The undeveloped areas of land in the Goring area attract the itinerant scrap merchant caravan dweller increasingly and more time of the Council's public health inspectors, solicitors, works department and the Police is taken up each year in getting them moved on. To ignore them results in increasing numbers appearing and subsequent rubbish and other accumulations followed by rodent infestations. One hundredweight of poison bait had to be used in clearing an infestation on Goring Green—partially developed building land—after a dozen persistent caravanners had eventually been dislodged after several months.

CLEAN AIR

This is a subject which is hardly to be expected to evoke much feeling in a residential coastal town with such an open aspect. Even so, the effects of coal burning in open grates can be noticed over certain areas in the town when seen from the higher ground during certain atmospheric conditions of calm, at certain times of the year. No public health worker can feel happy about the effects until coal ceases to be burnt in open domestic grates.

Bonfire smoke, whilst not as hazardous as coal smoke, nevertheless again produces complaints. A local byelaw prohibiting domestic garden bonfires before say 6 p.m. or within 2 hours of dusk, except in certain circumstances on weekdays, would be publicly welcomed. The Council's powers are at present limited to regular offenders. Garden refuse can now be removed by the Borough Engineer's department for a charge.

On the larger domestic and more commercial and industrial sites, new installations continue to be examined for smokeless operation and the position of flue terminals. Details of 64 new installations were approved—29 gas and 35 oil fired, mainly for central heating.

The outlet terminal of dry cleaning equipment was the subject of several complaints. As the fluid used—trichlorethylene—is highly volatile and can be a health hazard in certain circumstances, careful consideration of the position of the duct outlet is required.

Average Quarterly Daily Smoke and SO₂ Readings at Worthing Sites—1966

Site	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
Health Dept.	68(93)	95(128)	19(20)	40(49)	13(15)	23(37)	68(72)	104(86)
Field Place	45(63)	87(106)	13(13)	40(51)	9(12)	32(37)	42(47)	76(81)
South Farm Road	59(82)	77(110)	17(18)	40(47)	13(12)	34(36)	56(61)	67(67)

(The figures in brackets refer to 1965).

All figures are in micrograms per cu. metre.

FOOD SUPERVISION

CHEMICAL SAMPLING

Food now appears to receive more government scrutiny than almost any other public health subject and the list of orders controlling constituents or prohibiting certain substances grows yearly. This is an international trend however, and there is by no means universal agreement on food standards. For example, we allow 25 coal tar colours to be added to certain foods; the Americans ban most of them but permit 15, of which 9 are banned from our list. The position with continental countries is similarly confusing but if entry to the Common Market becomes reality, our food laws will have to undergo a drastic re-appraisal.

New regulations affecting salad cream, mineral hydrocarbons in food and anti-oxidants in food came into operation during the year and further substances undergo regular scrutiny by the Food Additives and Contaminants Committee of the Ministry in the light of increasing technical knowledge and experience. More will be known about the ultimate presence of pesticide residues when the national survey is completed at the end of 1967, though results of some early samples do indicate the presence of minute residues, which are, however, well within the limits set to give known protection.

Of the normal chemical sampling carried out, only 6% of food and drug samples received adverse reports by Mr. T. Rymer, the Public Analyst. Half of these were drugs, noticeable among which were formaldehyde tablets 53% deficient in formaldehyde due to too lengthy storage, and bisacodyl laxative tablets which contained only 88% of the stated amount. Any drug discrepancy or anomaly is disturbing in view of their intentional application for specific treatment. The bisacodyl deficiency appeared to be a manufacturing defect arising from a deviation from acceptable control methods of assay and resulted in much technical argument between the analysts. Both matters, like the others, were resolved informally.

The most serious offence discovered during the year was penicillin in milk, 8 out of 12 churns of one consignment containing amounts varying between 0.08 to 1 international unit per millilitre. This was at the time the highest recorded contamination which had been the subject of a prosecution in the country. The farmer was fined £50 with £32 costs. No other prosecution was taken. Other unsatisfactory sampling reports related to labelling infringements, rectified informally.

Details of samples taken:—

					<i>Number of Samples</i>	<i>Genuine</i>	<i>Not Genuine</i>
Milk	..	..	..	..	45	45	—
Lollies and Ice Cream		..	..		8	8	—
Cream and Milk Products	..	..			24	24	—
Cheese and Cheese Products	..	..			2	2	—
Fresh Vegetables	..	..	..		1	1	—
Minced Meat	..	..	..		3	3	—
Fresh Meat	..	..	..		7	7	—
Bread	..	..	..	..	1	—	1
Fish Products	..	..	..		4	4	—
Butter	..	..	..	..	4	4	—
Medicines and Drugs	..	..	..		73	66	7
Sugar Confectionery	..	..	..		2	2	—
Cordials and Health Drinks	..	..			4	3	1
Beer and Spirits	..	..	..		4	4	—
Miscellaneous Spiced Foods	..	..			10	10	—
Preserves	..	..	..	..	6	6	—
Jellies	..	..	..	..	3	2	1
Sausages and Meat Products	..	..			17	13	4
Fresh and Dried Fruit	..	..			10	10	—
Miscellaneous	..	..	..		2	2	—
TOTAL					230	216	14

FOOD COMPLAINTS

These totalled 93 during the year, an increase of 34 over 1965, though of these 18 proved to be without foundation. Of the justified complaints, 48 related to foreign matter and 27 to unsoundness. Bread and cakes—understandably perhaps as these form a major part of our diet—came highest on the foreign matter list (26 incidents) though in 6 instances mould, through over-long or improper storage was found. The automation involved in manufacture and the food's short life make it particularly vulnerable.

Where human negligence is clearly apparent, and especially after a previous warning, it is the Council's policy to prosecute. One large firm of bakers was fined £25 for selling a particularly mouldy cake and another large baker was fined £10 for a cigarette end in bread. A local shopkeeper was fined £25 for selling a mouldy pie. All had been previously warned. The reluctance of some complainants to give voluntary court evidence prevents some offenders being properly prosecuted.

The most unusual foreign object in food was a plastic orange blossom flower 3in. long which was removed from the centre of a jar of honey which had been sent as a gift from a relative in the U.S.A. Perhaps even more unusual was the Californian packer's explanation of it. It had been put into the jar purposely to show how genuine was the the origin of the honey! It was the practice to insert a plastic clover blossom into a jar of clover blossom honey, a star thistle into a jar of star thistle blossom honey and so on. It might be interesting to speculate on the results if these practices were extended to other foods.

Particulars of the food complaints were :—

Unfit Food

(Deterioration or mould)

Canned meat	..	..	..	4
Sweets	..	..	..	1
Canned fruit	..	..	..	2
Meat Pie	..	..	..	3
Cream cakes	..	..	..	2
Meat and meat products		..	..	2
Chicken meat	..	..	..	4
Bacon	..	..	..	1
Bread and bread confectionery	..		..	6
Other food	..	..	..	2

Foreign Matter Found

Milk: dirt particles (5), milk caps in bottles (2), insects (1)	..	8
Bread and cakes: Grease or dough particles (12), insects (5), dirt particles (3), cigarette end, match, hairpin, wire, bristle, price tag	.. .. .. .. ..	26
Steak and kidney: Renal calculi	.. .. ..	1
Fruit and jam: Insects (2), snail, glass	.. .. ..	4
Fish: Trematodes	.. .. ..	1
Tinned goods: Rubber particle, small stone	.. .. ..	2
Other food: Insects (4), wire, plastic flower	.. .. ..	6

OTHER FOOD INSPECTION

Some distributors require condemnation certificates for credit purposes where food becomes obviously unfit because of age, damage or refrigerator breakdown. The Council's discretionary 10/6 charge per certificate encourages retailers to obtain replacements of old or damaged stock through normal trade channels but no charge is made where the fitness of food is under question. Imported unsound food condemnation certificates are not charged either.

The greatest single reason for food condemnation resulted from the breakdown of refrigeration equipment and it is often difficult to decide where to draw the line on these occasions. Altogether, 2 tons 14 cwts. of various foodstuffs were destroyed.

MEAT INSPECTION

The only slaughterhouse in the town continued to operate most days—except for weekends—but with a further decreasing kill. The number of animals slaughtered dropped considerably even compared with the previous year's depleted figures, reflecting some further recession in the home killed meat trade coupled with doubts about the continuance of business.

Most of Worthing's meat supply comes from Brighton and Smithfield and is purchased "off the hook" by local meat traders.

The income to the Council for meat inspection charges amounted to £434 6s. 6d. Over 15 tons of meat and offal were condemned—3 tons more than the previous year. This is attributed to a lowering of the quality and type of cattle slaughtered for one wholesaler. Complaints about the operation of the slaughterhouse which is now almost surrounded by residential property, were very few—a tribute to the slaughterhouse proprietors who exercise every care to prevent nuisance.

The following table is prepared in accordance with the Ministry requirements:—

Carcases and offal inspected and condemned in whole or in part

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	397	234	447	2,263	7,523
Number inspected	397	234	447	2,263	7,523
<i>All diseases except Tuberculosis and Cysticerci :</i>					
Whole carcases condemned...	3	16	30	34	68
Carcases of which some part or organ was condemned ..	111	106	3	146	1,397
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	28.7%	52.2%	7.4%	8.0%	19.6%
<i>Tuberculosis only :</i>					
Whole carcases condemned...	—	—	—	—	1
Carcases of which some part or organ was condemned ...	—	—	—	—	155
Percentage of the number inspected affected with tuber- culosis	—	—	—	—	2.1%
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned ...	1	—	—	—	—
Carcases submitted to treat- ment by refrigeration ...	1	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—

MILK AND MILK PRODUCTS

Regular sampling of milk for bacteriological purity has consistently shown that a satisfactory standard was maintained. Most of Worthing's supply is from one large processing dairy which handles milk from 150 producers daily, amounting to about 12,000 gallons. Practically all this milk is pasteurised and is retailed bottled apart from a few churns of homogenised milk which is supplied to caterers and cafes. Farm bottled untreated milk sold totals about 90 gallons a day and each producer's supply of this is examined monthly for pathogenic organisms as well as the usual statutory tests. About 91,000 pints of milk are consumed on an average daily in Worthing, rather more than the advertised aim of a "pinta" day per person.

Details of licences and samples taken for statutory and biological tests are given:—

Licence holders:

Dealers "Untreated"	..	..	—
„ "Pasteurised"	..	..	1
„ Prepacked Licences	..	..	110

Milk from approximately 150 producers is processed daily at South Coast Dairies, Worthing.

Biological sample Results:

	1963	1964	1965	1966
No. of samples examined for organisms	93	100	81	38
M. Tuberculosis—Positive ..	—	—	—	—
Brucella Ring Test—Positive ..	11	14	17	—
Brucella Abortus—Positive ..	6	8	8	—
Brucella Melitensis—Positive ..	—	—	—	—

Samples submitted for phosphatase, methylene blue and penicillin presence tests:—

Designation	No. taken	Unsatisfactory
Untreated	36	1
Pasteurised	111	—
Sterilised	22	—
Penicillin presence	74	—

Cream on the other hand, bacteriologically tells a different story. 28 out of 44 samples of fresh cream convincingly failed the methylene blue test which was applied as an indicator of bacterial activity. No pathogenic organisms were found however, though the possibility of their transmission clearly exists. As there are no legal requirements to satisfy the tests required of milk, no effective action can be taken. Advice on handling techniques and sterilisation of equipment where loose cream was sold locally resulted in some improvements but the position will continue to be unsatisfactory until statutory tests are introduced.

Biological and Bacteriological Sampling Results :

Type of cream	No. taken	Unsatisfactory			
		Methylene blue	Brucella abortus	Tuberculosis	Phosphatase
Bulk	3	2	—	—	—
Carton	30	25	—	—	—
Tinned	6	—	—	—	—
Bottled	5	1	—	—	—

ICE CREAM

The mobile vendor is still the weak link in the protective chain which exists to ensure the sale of a safe product. There are the usual exceptions to this statement of course, notably one local firm employing about 12 salesmen of soft ice cream who have been most anxious to co-operate in every way with the health requirements. But as most mobile salesmen are now virtually self-employed, control is made more difficult. Regulations enabling licensing of these vehicles on public health grounds should be made by the Minister to overcome this weakness.

Results of samples taken for bacterial quality were:—

<i>Taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
68	52	13	2	1

14 iced lollie samples were satisfactory.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no plants operating in the town and no samples were taken during the year.

POULTRY INSPECTION

There are no poultry processing premises within the district apart from one poultry farm where about 400 12 week old chickens are slaughtered and plucked—but not eviscerated—weekly. Food hygiene standards here are now satisfactory after the department's action to improve them. As these chickens are reared on the premises, there are few obviously unsound birds and no regular system of inspection has been introduced. Visits to the farm have only been made in a general supervisory capacity about every two months. Only 2 or 3 birds have been rejected as obviously unfit during the whole of the year.

The difficulties of maintaining a full inspection service would be particularly acute during the pre-Christmas period when slaughtering and dressing are carried out in various establishments in the Borough. So far it has not been possible to arrange even a general supervision at this particular time.

FOOD HYGIENE

<i>Kinds of Business</i>	<i>No.</i>
Restaurants, Cafes and other premises selling meals and drink..	376
Grocers, Dairy Shops	163
Butchers, Fishmongers and Fish Fryers	89
Fruiterers, Greengrocers	75
Bread and Flour, Confectionery ..	54
Confectioners, Tobacconists, etc. ..	130

Visits to various food businesses, vehicles and premises totalled 1,823 and 239 notices, verbal or written, regarding contraventions, were issued. All the premises in the town comply with Regulations 16 and 19 of the Food Hygiene (General) Regulations, 1960, regarding the adequacy of washing equipment for food or personnel. Inspections of catering premises (500) and food shops (642) showed that proportionately catering premises disclosed more defects. Some of these, particularly near the town centre, are coping with an output and staff employment far beyond the capacity for which the premises were originally designed and good food hygiene becomes much more difficult in cramped, cluttered quarters. Also the kitchen is usually kept to the minimum size to permit any free space to be allotted to dining area. If it were compulsory for caterers to allow the public access at all times to their kitchens—and the public would take advantage of this—some catering establishments would have difficulty in keeping in business, despite their general compliance with the Regulations.

One somewhat unsavoury coffee bar deteriorated so much during the year that the Council sought the discontinuance of the proprietor in business as a caterer. The premises voluntarily closed when the court imposed fines totalling £50 for 10 contraventions of the Regulations. The occasional prosecution undoubtedly has a noticeable salutary effect on food handling standards generally.

It is pleasing to record that a course for the certificate in food hygiene of the Royal Institute of Public Health and Hygiene was inaugurated for the full-time catering course students at Worthing's College of Further Education through the enterprise of the department's head, Mr. Gunn, and with the health department's co-operation. Clearly the best time to instil the correct hygienic principles is during the training period.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One licensed and 1 registered premises have been in operation for many years. They have been consistently well managed and 4 samples of filling material proved bacteriologically satisfactory.

NOISE ABATEMENT

As the pace of modern life increases, so the need for occasional respite from noise becomes more necessary. Unfortunately, a certain level of noise seems to be as acceptable now to some members of the public as the high mortality from infectious disease was once acceptable years ago. Many still think that those who complain about noise are cranks.

Like certain nuisances, it is difficult sometimes to know how far to go in enforcing standards of suppression and all the complaints of noise have so far been pursued informally. 174 visits including revisits were made in connection with avoidable noise from premises, and once again noisy compressor motors of refrigeration plants figured high in the causes of complaints, particularly the operation of these outside normal working hours when their effect is more noticeable. Another persistent cause for complaint was the use of transistor radios on building sites. As the remedy of some noise nuisances require technical and mechanical understanding, the Public Health Inspectors are attending specialist courses on this branch of their work, as the opportunity arises.

	<i>Industrial</i>	<i>Commercial</i>	<i>Domestic</i>
Number of nuisances confirmed	5	7	—
Number of nuisances remedied informally	4	6	—

RODENT CONTROL

Despite the use of modern and more effective poisons, this basic public health service can only keep rodent numbers within acceptable limits. Neglect to do even this would soon have a noticeable effect on health and economy. The Council's two rodent operatives were fully occupied again and dealt with an increasing number of infestations—185 more than last year.

The blood anti-coagulant—Warfarin—was generally used as a poison. It was normally successful and there is no evidence yet of local immunity, but this possibility is now recognised. A new narcotic poison for mice was used successfully during the year; its effectiveness depends on the ambient temperature not exceeding 60°F—otherwise the mice recover.

Details of work done:—

No. of complaints—Rats	858	(511)
Mice	266	(162)
No. of premises cleared of rodents	1,084	(783)
No. of visits	3,339	(2,694)

(The figures in brackets refer to 1965).

Premises found infested:—

	Central & Local Govt.	Dwelling houses	Business premises, etc.	Agricul- tural	Total
Rats (Major) ..	—	—	2	—	2
(Minor) ..	34	607	69	—	710
Mice (Major) ..	—	—	—	—	—
(Minor) ..	12	157	87	—	256
Total number of inspections ..	101	2,461	703	74	3,339
No. of premises cleared found to be infested on survey					136

OTHER PESTS

(a) Pigeons:

The Council's contract with a Brighton firm for destroying pigeons was renewed and 900 birds were destroyed, entirely by shooting at night. From numbers still existing, it appears that this merely culled the flocks—which are becoming a serious nuisance in most towns in the country. The wood pigeon too is becoming steadily more domesticated and now breeds in

the trees in the roads. This is much more difficult to destroy because of its habits but more complaints are received each year about damage to gardens and plants. Encouragement to these birds is still given by certain members of the community who do not appear to be among those who suffer from their activities.

(b) *Wasps*:

During the year 94 wasps' nests were destroyed on request. A fixed charge of 7/6 per premises is made in this instance.

COMMON LODGING HOUSES

There are no registered premises in the borough.

MISCELLANEOUS ACTS

The following premises come within specific control in the borough:—

- Riding Establishments Act, 1964—4 licensed premises.
- Scrap Metal Dealers Act, 1964—18 registered persons.
- Animal Boarding Establishments Act, 1963—5 licensed premises.
- Pet Animals Act, 1951—8 licensed premises.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Though the requirements of the Act and Regulations appear to have been generally accepted, work required to comply with the standards seem slow to get completed in some instances. A large proportion of Worthing's working population is employed in premises subject to the control of the Act and details of the breakdown of the figures available where persons are actually employed are given below.

Analysis of Persons Employed in registered premises by workplace:—

Class of workplace	Number of persons employed
Offices	3,320
Retail shops	3,844
Wholesale departments, warehouses ...	394
Catering establishments open to the public ...	844
Canteens	65
Fuel storage depots	5
Total	8,472
Total males	3,327
Total females	5,145

Analysis of Contraventions:

Section	Number of contraventions found	Section	Number of contraventions found
4	Cleanliness 17	15	Eating facilities .. 3
5	Overcrowding 7	16	Floors, passages and stairs 20
6	Temperature 58	17	Fencing exposed parts machinery 7
7	Ventilation 7	18	Protection of young persons from dangerous machinery 1
8	Lighting 23	19	Training of young persons working at dangerous machinery —
9	Sanitary conveniences .. 67	23	Prohibition of heavy work —
10	Washing facilities .. 96	24	First aid—general provisions 64
11	Supply of drinking water —		
12	Clothing accommodation 6		
13	Sitting facilities .. —		
14	Seats (sedentary workers) —		
			Total 376

Notifications of accidents sustained at work which disable a person for more than 3 days have to be given to the Council. Only 30 were received, probably a fraction of those incurred. Investigation of an incident is carried out when a contravention of the Act appears to have been the cause. Falls or strains as a result of improperly handling goods were the principal cause of accidents reported. Details of all the work done under the Act have already been reported to the Minister of Labour.

FACTORIES ACT, 1961

There are 360 factories in Worthing, many of them small premises only employing a few people. Beechams' Research Laboratories manufacturing antibiotics expanded further and is the largest employer of factory labour in the town.

Details of action taken during the year:—

Factories Act, 1961—Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors):—

Premises	Number on Register	Number of Inspections	Written Notices
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	17	27	4
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	306	197	31
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	40	30	2
TOTAL	360	254	57

2. Cases in which DEFECTS were found:—

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	4	4	—	1
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				—
(a) insufficient	—	1	—	—
(b) unsuitable or defective	38	20	1	1
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	1	—
TOTAL	42	25	2	1

Outworkers

Eleven firms employ 48 persons working in their own homes whose names and addresses are required to be notified to the Council. In the event of work being carried on in unsatisfactory premises, the Council has power to require its discontinuance.

Part VIII of the Act

Outwork (Sections 110 and 111)

	Section 110			Section 111		
Nature of work	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	48	—	—	—	—	—

MORTUARY

During the year 292 post mortems were carried out in the Public Mortuary under the general control of the department. Most of these were on elderly persons. This number includes 60 bodies from outside the Borough.

DRAINAGE, SEWERAGE AND REFUSE DISPOSAL

Despite the efforts of Public Health Inspectors with the co-operation of the Borough Engineer's Department, only 17 cesspools were dispensed with during the year, leaving 250 premises—most of them residential—not connected to main drainage at the end of the year. Many of these premises are in areas without ready access to an existing or proposed main sewer in the road and drainage schemes depend on the co-operation of owners for sewers to be laid through private land. Many cesspools leak badly but are required to be made watertight where no voluntary drainage scheme can be agreed.

Mr. J. Wilkinson, Borough Engineer, Surveyor and Planning Officer has kindly contributed the following information about the town's extensive disposal and treatment plants—now known as the Worthing Hygiene Unit:—

“The town's domestic wastes—sewage, house refuse, street sweepings and garden refuse—are processed by a comprehensive Unit at Meadow Road, East Worthing, constructed over the years 1960 to 1967.

The processes comprise the following:—

- (a) Screening, disintegration, chlorination, pumping, storm water separation and sedimentation of sewage followed by storage, result in the discharge of treated effluent into existing sea outfalls at East Worthing during certain favourable tidal periods, after the extraction of sludge has taken place.
- (b) The digestion in heated tanks of sludge from both Units situated at East and West Worthing followed by dewatering by dosing with chemicals and vacuum filtration. A valuable by-product of the digestion process is the manufacture of methane gas which is harnessed by special machinery to provide electric power for the entire process and to provide the necessary heat for garages and mess rooms.
- (c) The mechanical composting of this dewatered sludge with refuse tailings and garden refuse, etc., i.e. all those products remaining from the separation and salvage process originally inaugurated in 1955. This results in the production of an innocuous composted material suitable for soil conditioning or hygienic land-fill in areas which would otherwise be unsuitable for wastes to be deposited in the crude state.
- (d) The incineration of a small quantity of bulky refuse.

The Unit includes administrative buildings, garages for cleansing vehicles and plant, stores, workshops, mess rooms, sanitary blocks, as well as separate housing. All this has been accomplished without detriment to the income from sale of salvaged material now amounting to about 8,500 tons and valued at £45,000 per annum.

The West Worthing Treatment Unit, situated in Mulberry Lane, Goring, was reconstructed between 1961 and 1965 and performs a similar function to that under (a) above, the sludge from this Unit being transported to East Worthing by tanker lorries. Treated effluent is discharged during certain favourable tidal periods into an existing sea outfall at West Worthing.

There are also auxiliary Pumping Stations at Sea Lane, Marine Gardens, George V Avenue, off Dominion Road, The Quashetts, off South-downview Road and off Clarendon Road.”

WATER SUPPLIES

The water supply undertaking is owned and managed by the Borough Council. I am indebted to the Water Engineer, Mr. H. A. Leader, for the following report:—

“Examination of all water samples has been carried out in the Laboratories of Brighton Corporation Water Department.

1. The water supply of the area has been satisfactory in quantity and quality.

2. Bacteriological examination of the raw waters were made at weekly intervals except in those instances where bacteriological pollution was present in any raw water when samples were examined daily. The treated waters at all stations have been examined on a similar basis. The total number of raw and treated water samples taken from each of the pumping stations together with a summary of the bacteriological results obtained is given in the two following tables:—

	<i>No. of Samples Examined</i>	<i>No. showing Coliform Organisms present in 100 ml.</i>	<i>No. showing E. Coli present in 100 ml.</i>	<i>No. showing Coliform Organisms absent from 100 ml.</i>
RAW WATER				
Broadwater No. 2 Well ..	23	1	1	22
„ 20" Borehole ..	50	2	1	48
„ 36" Borehole ..	49	1	1	48
„ 48" Borehole ..	27	1	0	26
Northbrook No. 1 Borehole ..	11	1	0	10
„ No. 2 Borehole ..	6	0	0	6
Stanhope Lodge No. 1 Borehole	48	0	0	48
Patching No. 1 Well ..	8	0	0	8
„ No. 2 Well ..	39	2	1	37
Burpham No. 2 Borehole ..	355	187	140	168
„ No. 3 Borehole ..	355	252	216	103
„ No. 4 Borehole ..	356	276	253	80
Arundel	Nil	—	—	—
Total	1327	723	613	604
TREATED WATER				
Broadwater	101	1	0	100
Northbrook	13	0	0	13
Stanhope Lodge	49	0	0	49
Patching	48	0	0	48
Burpham No. 2 B.H. (Taken at Burpham) ..	355	2	1	353
Burpham Nos. 3 & 4 B.H. (Taken at Burpham) ..	355	2	1	353
Burpham No. 2 B.H. (Taken at Littlehampton) ..	336	0	0	336
Burpham Nos. 3 & 4 B.H. (Taken at Patching) ..	356	2	1	354
Arundel	53	5	4	48
Total	1666	12	7	1654

Colony counts at 22°C. after 3 days and 37°C. after 1 day's incubation were, except in the case of the Burpham waters, generally low in number. Twelve samples of treated waters out of a total of 1,666 examined showed the presence of coliform organisms. It is felt in view of the presence of the correct amount of chlorine or chloramine in each of these samples, that such results were due possibly to faulty sampling or examination technique.

The waters from each of the three boreholes at Burpham Pumping Station have been examined daily throughout the year and as will be seen a large majority of these samples were polluted with coliform organisms including E. Coli. From the way in which the amount of bacterial pollution of these waters varies in coincidence with the tide height in the River Arun, there is evidence of a correlation between the water in the River and the water pumped at Burpham Pumping Station.

Changes in the chemical character of each of these waters also shows a similar correlation between the River and the borehole waters.

Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on six samples of each of the Department's sources.

Bacteriological examinations together with chloramine determinations have also been made on 183 samples of water from service reservoirs. Of this total one only showed the presence of coliform organisms. This was from Arundel Reservoir and a further sample taken within 24 hours did not confirm the pollution.

A total number of 3,373 samples were examined during the year.

3. Since all water is obtained from the chalk, there is little likelihood of any plumbo-solvent action and no evidence of such action is apparent.

4. Chlorination, with or without post ammoniation of all raw waters, is practised continuously with the exception of the pumping stations at Northbrook, Stanhope Lodge and Burpham Nos. 3 and 4 boreholes, where super- and de-chlorination is utilised before the addition of ammonia to form chloramine in the final treated water.

In the event of any raw water showing evidence of bacterial pollution sampling would be increased to daily intervals and a survey of the catchment area made in an effort to locate the cause of such pollution. In addition if it is considered necessary, appropriate adjustment of those gas dosages used in the sterilisation process is made."

33,700 domestic properties in the Borough are supplied from the Corporation's water undertaking, the population totalling 81,100.

No dwelling houses are supplied by means of stand pipe.

The Ministry of Health has asked for the following additional information:—

Fluoride content less than 0.1 mgm/litre.

SWIMMING BATHS

To ensure proper standards of purity, samples of bath water are regularly taken and submitted for bacteriological examination:—

	<i>No. taken</i>			<i>Unsatisfactory</i>
Heene Road baths	30	—
Beach House paddling pool	6	—
The Lido	5	2
Boys' High School baths	5	—
Selden Primary School	2	—

I am obliged to Mr. R. S. Battersby, Director of Entertainment and Publicity for the following statistics of attendance at the Heene Road Baths:—

	1961	1962	1963	1964	1965	1966
Public attendance ..	39,487	36,022	43,818	50,627	55,026	56,565
Borough & County schools	37,258	40,331	51,197	60,417	57,335	62,655
Private schools	12,290	2,920	4,670	4,240	4,930	3,970
Club Night attendances ..	36,125	30,757	40,386	46,856	46,884	47,676
Swimming galas	4,550	5,250	5,350	5,200	4,300	4,000
Total	129,710	115,280	145,421	169,340	168,475	174,866

Both adults and children continue to come in increasing numbers to the public sessions:—

	Adult swimmers	Child swimmers	Spectators	Total
1961	5,622	30,635	3,230	39,487
1962	5,706	26,873	3,443	36,022
1963	7,350	32,339	4,129	43,818
1964	9,657	36,148	4,822	50,627
1965	11,258	38,683	5,085	55,026
1966	11,431	40,078	5,056	56,565

The above figures clearly show how popular swimming has become, and the present obsolete baths and their staff continue to work under an increasing strain. The new larger, modern baths on the Beach House site which slowly began to take shape during the year, are eagerly awaited.

PART IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1966 had risen slightly compared with the previous year, as is shown on the following table:—

Type of school	Number of schools		Number on roll	
	1965	1966	1965	1966
Primary	15	15	4674	4964
Secondary:				
Grammar	3	3	1815	1858
Modern	5	5	2527	2534
Special	1	1	118	134
Total	24	24	9134	9490

The children attending the special units (the partially hearing at Downsbrook Primary School and the emotionally disturbed at the Remedial Centre) are included in the above figures. Those attending the Remedial Centre, whether part-time or full-time, remain on the registers of their own schools.

In addition to the 24 maintained schools, there were in Worthing in 1966 8 independent schools providing full-time education (day or boarding) for 1,200 pupils whose ages ranged from 4 to 18 plus. This excludes the 17 private day nurseries (see page 76) some of which have nursery school facilities. In 1965 there were 10 independent schools with a total of 1,317 pupils, but the end of the summer term in 1966 saw the closure of Kingsdene and the Warren schools.

MEDICAL INSPECTION

The arrangements for the medical examination of school children remained unchanged, every child being seen routinely at least three times during school life, normally at 5-6 years, 11-12 years and at 14 plus.

Under the 1944 Education Act a Local Education Authority may make available to independent schools some or all of the facilities of the School Health Service, and medical inspections are now being regularly carried out at Broadwater Boys' Preparatory School and the girls' school of the Convent of Our Lady of Sion. It is hoped to be able to begin dental inspections at these schools soon.

At medical inspections the school doctors look for abnormalities and defects, and if necessary arrange for further observation or treatment. Sometimes reference to a hospital specialist is necessary. In every case the family doctor is kept fully informed.

In addition to the three routine medical inspections, children may be given a special examination at the request of the teacher or parents when there is some particular matter for concern. These special examinations may be done in the school or at the clinic.

Defects found at an examination which do not require treatment are usually noted for observation in a year's time. Pupils receiving treatment or with defects requiring observation are re-examined yearly.

At periodic medical inspections, 2,924 pupils were examined compared with 2,443 in 1965. The general physical condition was again recorded as satisfactory in 100%. At these inspections 292 children (10.0% of those examined) were found to require treatment for some condition. As in previous years by far the commonest defect discovered was impaired visual acuity. 190 such children were referred for treatment—65.1% of those with defects and 6.5% of all who were examined.

Every endeavour is made to test the vision of very young children. This may not be easy because they are often too shy to co-operate, or they may not yet know their capital letters. By using an "E" card or picture card, however, reasonably accurate testing can be done, though sometimes great patience is needed.

The numbers and percentage of children examined who require treatment continue to get less each year as the following table shows:—

Year	No. of children examined	Total No. requiring treatment	% requiring treatment	No. with visual defects requiring treatment	% with visual defects requiring treatment
1962	2821	581	20.6	405	14.4
1963	2561	453	17.7	350	13.7
1964	2281	292	12.8	199	8.3
1965	2443	286	11.7	194	8.0
1966	2924	292	10.0	190	6.5

Table A on page 115 shows the number of children referred for treatment in the various age groups.

In 1966 special inspections numbered 67 and re-inspections 447 (see table B on page 115).

Table D on page 116 gives the number and type of defects found at both periodic and special examinations which required treatment or observation.

Cleanliness Inspections:

These are carried out by the school nurses every term in the infant and junior schools. Routine examinations of secondary school children have not been made since 1955, though individual older pupils are seen from time to time and classes of children of any age are examined at the request of a Head Teacher.

In 1966, 6,325 individual examinations were made and 4 pupils were pattern over the past 13 years. Table C (on page 115) gives further details pattern over the past 13 jears. Table C (on page ???) gives further details. Some improvement has taken place, but there is still a need for these inspections to continue.

Year	Total number of individual examinations	Total number of individual children found to be infested
1954	17,526	79
1955	17,707	39
1956	7,948	61
1957	7,393	33
1958	9,308	29
1959	6,585	24
1960	4,452	15
1961	5,871	24
1962	4,267	6
1963	5,772	8
1964	10,724	5
1965	8,446	7
1966	6,325	4

MEDICAL TREATMENT

School Clinics:

Except for the Child Guidance Clinic, all are held in the main clinic premises in Stoke Abbott Road behind the Town Hall. The services are also available to pre-school children under section 22 of the National Health Service Act, 1946; and the statistics are given separately on page 46 et seq. In the tables and figures which follow the numbers include both pre-school and school age children.

(a) *Minor Ailments Clinic:*

A clinic is held each morning to deal with common minor infections of the skin, eye or ear. The children are normally referred from school medical inspections, or are sent in by teachers or health visitors. Sometimes they are brought along by parents. In common with the rest of England, attendances at minor ailment clinics have fallen during the past few years—in fact since the start of the National Health Service. However, these clinics also form a useful clearing house for the preliminary investigation of all types of defect. During the year 67 children made 200 attendances. A comparison with earlier years is shown below:—

Total number of attendances:

1959	..	..	..	..	548
1960	..	..	..	..	387
1961	..	..	..	..	303
1962	..	..	..	..	160
1963	..	..	..	..	168
1964	..	..	..	..	170
1965	..	..	..	..	186
1966	..	..	..	..	200

In 1947, a year before the National Health Service came into operation, there were 6,193 attendances.

(b) *Orthopaedic Clinic:*

This is held monthly on Saturday mornings by Mr. J. A. Cholmeley, Consultant Orthopaedic Surgeon. Children are referred by school doctors and general practitioners.

Number of sessions	..	..	10	(10)
New patients seen	..	..	46	(50)
Old patients seen	..	..	51	(28)
Total number seen (new and old)			97	(78)
Total number of attendances	..		159	(127)

(The figures in brackets refer to 1965.)

During the year one school child received in-patient treatment at the Royal National Orthopaedic Hospital in Stanmore, Middlesex, and eight school children were supplied with orthopaedic appliances (through the National Health Service). Eight X-ray examinations were carried out by Worthing Hospital staff on school children.

The following table analyses the cases examined at the clinic during 1966:—

Diagnosis	Number of		Total
	Boys	Girls	
Spina bifida	1	1	2
Club foot	1	1	2
Torticollis	1	2	3
Dislocation of hip	1	—	1
Spastic paralysis	4	5	9
Bow legs	—	1	1
Knock knees	5	5	10
Abnormalities of spine	1	—	1
Flat feet, etc.	29	25	54
Poliomyelitis (paralyses or pareses)	4	4	8
Perthe's disease	2	—	2
Muscular dystrophy	—	3	3
Patent posterior fontanelle	—	1	1
Total	49	48	97

(c) *Physiotherapy Clinic:*

The physiotherapist holds sessions in the clinic on three afternoons and one morning each week. Children are referred for treatment by the orthopaedic surgeon, by the school doctors, and by general practitioners.

The following figures summarise the work of the physiotherapist during the year :—

New patients treated	..	..	75	(64)
Old patients treated	..	..	24	(15)
Total number treated (new and old)			99	(79)
Total number of attendances	..		511	(401)

(The figures in brackets refer to 1965.)

(d) *Eye Clinic:*

Mr. S. D. Wallis who had been our Consultant Ophthalmic Surgeon since 1945 retired at the end of May. His successor, Mr. A. Lytton, began on the 15th July, and the clinic is now held every Friday afternoon. Refraction is carried out and spectacles prescribed when necessary. Most of the children seen have impaired vision due to refractive errors. Some have squints. During the year 6 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of sessions	..	..	44	(48)
New patients seen	..	..	149	(152)
Old patients seen	..	..	219	(235)
Total number seen (new and old)			367	(387)
Total number for whom glasses prescribed	..	..	162	(202)
Total number of attendances	..		499	(525)

(The figures in brackets refer to 1965.)

(e) *Orthoptic Clinic:*

Treatment by the orthoptist is given in the clinic on Wednesday and Thursday mornings, and all day on Monday. The children concerned have all been referred by a Consultant Ophthalmic Surgeon.

Orthoptic treatment consists essentially of stereoscopic exercises for the muscles controlling eye movements in an attempt to give binocular vision. The instruments used for this are called synoptophores. A squinting eye, untreated, may cause double vision, but more usually vision is suppressed and the eye becomes useless and blind for all practical purposes. Treatment is most effective between the ages of 4 and 6.

Number of sessions	..	..	161	(185)
New patients treated	..	..	43	(94)
Old patients treated	..	..	63	(84)
Total number treated (new and old)			106	(178)
Total number of attendances	..		418	(986)

(The figures in brackets refer to 1965.)

The fall in the number of attendances is due to more orthoptic treatment being given in Worthing Hospital. This has allowed a longer time to be spent with each patient. The average number treated per session was 2.6 in 1966 compared with 5.3 in 1965.

(f) *Speech Therapy Clinic:*

For yet another year Worthing has been without the services of a speech therapist, no response having been obtained to advertisements repeated every few months. There has now been no regular speech therapy given in Worthing since February 1965, although particularly urgent cases were seen by a speech therapist working elsewhere in the County. This is

of course highly unsatisfactory, and it is little comfort to realise that the national shortage is such that many other parts of the country are in a similar plight.

(g) *Child Guidance Clinic:*

The Child Guidance Clinic in Southey Road is under the direction of a Consultant Psychiatrist, Dr. M. Aldridge, and open each week day. The professional staff have other appointments and their services are therefore part-time. In addition to the psychiatrist they include two psychiatric social workers, a social worker, and an educational psychologist. The latter provides the essential liaison with the school psychological service. Towards the end of the year the clinic staff was augmented by the appointment of a part-time psychotherapist.

Children are usually referred to the Child Guidance Clinic by school doctors or general practitioners, but access is directly and freely available to teachers and parents.

The Worthing clinic serves a wide area and the work summary which follows only refers to children living or attending schools in the Borough.

Number of Children referred to clinic—94 (87)

Number fully investigated:—

(a) Help recommended	..	..	..	..	56	(52)
(b) Help declined	..	..	..	..	—	(—)
(c) Diagnostic only	..	..	..	..	19	(3)
(d) Recommended for school for maladjusted children					—	(—)
					—	—
				TOTAL	..	75 (55)
					—	—

Number not fully investigated:—

(a) Psychological examination only	..	..	4	(5)
(b) Partially investigated by 31.12.66	..	..	3	(9)
(c) Withdrawn before fully investigated	..	..	4	(1)
(d) Withdrawn before investigation began	..	..	5	(11)
(e) Awaiting investigation on 31.12.66	..	..	3	(6)
			—	—
			TOTAL	.. 19 (32)
				— —

(The figures in brackets refer to 1965.)

Dr. Aldridge has kindly contributed the following thoughts on the possible future of Child Psychiatry:—

“A point that considerably interests me, at the moment, is the social role of Psychiatry in general. The type of social agency provision that our society requires is to be reviewed in the forthcoming ‘Seebohm Report’.

Child Psychiatry, in particular, holds a key position in community care. We see the child—usually—but the child is merely what Howells calls the ‘propositus’ or presenting symptom of a disturbed family set-up. The family disturbance may be due to sick personalities within it or to social pressures without. Simple environment adjustments may be all that is required, or long arduous case-work.

At one moment the Clinic is on a par with a Citizens' Advice Bureau, at another with a Marriage Guidance Clinic, at another with a Welfare Agency, at another we are concerned with an educational problem, at another we are dealing with the emotional side effect of, say, a physical handicap.

In what direction should Child Psychiatry be moving? Its future could lie more with Paediatrics, or with Adult Psychiatry, or it could evolve towards a Family Psychiatry. This last, in turn, could be derived either from the Hospital Services or from community care.

Too narrow a definition of Child Psychiatry, at the moment, in terms of any premises (either ideational or geographical) could be a mistake."

DENTAL INSPECTION AND TREATMENT

In December 1966 a joint circular was published by the Department of Education and Science and the Ministry of Health dealing with the future development of Local Authority Dental Services. This circular suggested ways in which local dental services might be strengthened, and in particular emphasised the value of annual inspections, sustained campaigns on dental health education, the provision of modern, attractive and well-equipped clinics, and the desirability of taking the service to the schools by the use of mobile dental units. How far these recommendations have already been implemented in Worthing will be seen in the report of the Area Dental Officer which follows:—

Report of the Area Dental Officer:

"As a result of the continuing apathy of many people towards the rampant disease of dental caries, cases of neglect are still coming to light despite increased dental health education. These have thrown much extra work on to the dental department which has over 9,000 school children to inspect annually, as well as the maintenance treatment of approximately 1,000 children who receive a check up three times a year. The task is becoming increasingly difficult to fulfil and more staff and facilities will ultimately be needed.

The department now has the services of a part-time receptionist (Mrs. J. Gregory) and she has certainly helped to make the service more efficient and increase the output of work. The figures for 1966 are significantly up on those of previous years and the amount of orthodontic treatment being undertaken in the department has also very much increased.

The policy of annual dental inspections at schools has been continued, and treatment consent forms (where necessary) are handed out by a member of the clerical staff as soon as each inspection is completed. More children can now be inspected per session by means of this technique. The Health Education Organiser has also, whenever possible, been to the school to give a talk or show a film on a dental topic, either just prior to the inspection or just following it. This appears to have stimulated some children towards caring more for their teeth.

We accepted the offer of Pierre the Clown (sponsored by the Fruit Producers' Association in conjunction with the General Dental Council) to come to Worthing to talk to the children in the primary schools about the

basic rules of dental hygiene and the value of finishing their meals with a fibrous food such as an apple or carrot. Although this was partially successful, I fear the clowning went down rather at the expense of the subject.

Concerning the use of fibrous foods after meals I am pleased to record that in all Worthing Primary Schools the children finish their school meals with either an apple or carrot, and I understand that these foods are also available in some of the secondary schools. Whilst this is highly commendable I feel its value is partially nullified in one or two schools which sell sticky confectionery to the children during break or at lunch time. If schools wish to continue selling foods, it would be far better if they would limit their sales to items which would be less harmful to the children's teeth, for example, fruit, nuts, or to a lesser degree, savouries.

It has been very gratifying to see the completion of the second phase of the modernisation of the surgery with the introduction of a new light unit, murray stool and X-ray apparatus. The last has saved a considerable amount of time to patient and surgeon alike, and has resulted in the early diagnosis and treatment of lesions which might otherwise not have been obvious for several months.

There has been a significant diminution in the number of general anaesthetics administered and this is to be welcomed, for it may reflect earlier treatment and perhaps the realisation by parents of the importance of conserving the deciduous teeth, which, if left, may become infected and cause abscesses. A general anaesthetic is then usually required for their extraction.

For the future, I look forward to the next phase in the modernisation of the surgery and hope that perhaps it will not be too long before Worthing may share the use of a mobile dental caravan. This will enable the service to be brought right up to the schools and thus make treatment more easily available to children who neither attend at the clinic nor go to a general dental practitioner.

The statistics which follow are for school children only and refer to 1966. (Those in brackets are for 1965). Further details of treatment given (including orthodontic treatment) will be found in tables E and F on pages 117 and 118.

School Inspections:

Number of half-day sessions	..	..	..	40	(20)
Number of children inspected	..	..	..	7,060	(2,996)
Average number of children seen per inspection	..	..	..	176.5	(149.8)
Number of children referred for treatment	..	..	..	3,148	(1,586)
Number of children treated	..	..	..	574	(457)

Dental Treatment:

Number of half-day sessions	..	..	..	369	(328)
Number of attendances made	..	..	..	3,367	(2,396)
Average attendances per session	..	..	..	9.1	(7.3)
Number of failed appointments	..	..	..	1,018	(not recorded)

I note with some concern the large number of appointments which were not kept for one reason or another, or often no reason at all, and I hope in the future there will be more responsibility shown in these matters. If an appointment has to be cancelled, timely warning often allows an extra patient to be seen and avoids frustrating and unnecessary delays."

HANDICAPPED PUPILS

The Education Act of 1944 made it the duty of every Local Education Authority to find out what children in the area needed special educational treatment. This "ascertainment" remains one of the most important functions of the School Medical Officer. All handicapped children over the age of two are his concern, and he maintains his supervision throughout their school life.

Ten different categories of handicap requiring special educational treatment are recognised. They are:—

- (a) blind
- (b) partially sighted
- (c) deaf
- (d) partially hearing
- (e) educationally subnormal
- (f) epileptic
- (g) maladjusted
- (h) physically handicapped
- (i) suffering from speech defect
- (j) delicate

Table G on page 119 shows the number of handicapped children requiring special educational treatment in each of the ten categories. At the end of 1966 there were 103 children on the registers of special schools (67 day pupils and 36 boarders) compared with 90 in 1965. In addition 3 children were attending a special unit for spastics in Hove three days a week, and 5 were in full-time attendance at the partially hearing unit in Downsbrook Primary School. There were also 16 emotionally disturbed children attending part-time at the Remedial Centre in Richmond Road. No children were being educated in hospital, but 10 were receiving home tuition.

During the year 15 children were assessed as needing special educational treatment and 19 were suitably placed. Six were still awaiting placement at the end of the year. The 15 children who were assessed comprised 10 educationally subnormal, 2 maladjusted, 1 physically handicapped and 2 delicate.

Co-ordination of Services :

In March a joint circular was published by the Department of Education and Science and the Ministry of Health inviting authorities to review their practices with regard to the co-ordination of education, health, and welfare services for handicapped children and young people. A meeting was called of all those actively concerned and their joint report was presented to the Education and the Health and Welfare Committees later in the year. Its recommendations were endorsed and the report forwarded to the two Ministries. It is reproduced as an appendix on page 120.

Deaf and Partially Hearing Children:

The testing of hearing (as of vision) is best done soon after a child begins school though it is, of course, more time consuming at this age. The majority of the 745 children who were routinely tested in 1966 were school entrants aged 5 though some were older. Several children had to be tested more than once, but only 2 had to be referred for further audiological investigations. The method used to test children's hearing is called "sweep-testing", and is done by School Nurses using a pure-tone audiometer. Full-scale audiometric testing for every child would be very time consuming and the "sweep-testing", method enables larger numbers of children to be seen at one session. Each child is tested individually and each ear separately. Four frequency levels within the range of normal speech are used at a fixed intensity of 20 decibels.

Unit for Partially Hearing Children:

During the year three Worthing children, and three from elsewhere in Sussex attended this Unit, which is situated in a sound proof building, having specialised equipment, within the precincts of Downsbrook County Primary School. They were taught by a qualified Teacher for the Deaf.

One of the purposes of the Unit is to help children attending to integrate into the normal life of first, the Infant and second, the Junior Departments of the parent school, consistent with their age and ability to do so; another is to afford a period of observation to determine their future education.

Because of the comparatively early age at which partially hearing children are often discovered they can be prepared for entry into the Unit either by attending Nursery School or being taught at home by a Peripatetic Teacher for the Deaf. This happened in the case of two children this year. Another continues to have intensive training at the Hostel at Ealing before returning to the Unit.

As a result of attending the Unit one boy is now at a Grammar School, another at a County Secondary School. Both have radio-microphones in addition to hearing aids. Another, a girl, was admitted to a Residential School for the Deaf.

In addition, two other children who at one time or another have been provided with hearing aids and attend ordinary school, are visited by the Peripatetic Teacher for the Deaf.

New equipment bought for the Unit during year included a Linco individual speech trainer with treble and bass boosts.

Children with Hearing Aids:

Fifteen Worthing children are known to have hearing aids. Their distribution at the end of the year was:—

In boarding schools for the Deaf	..	5
In Downsbrook Special Unit	.. ..	3
In Hostel at Ealing	.. .. .	1
In normal schools	.. .. .	4
Pre-school children (not yet attending Unit)		2
TOTAL ..		<hr/> 15 <hr/>

Most of the aids being used are of the National Health Service “Medresco” type but at present five have other types of hearing aids paid for by the Local Authority.

EDUCATIONALLY SUBNORMAL CHILDREN

I am grateful to Mr. G. E. Pickett of the George Pringle School, for the following report:—

“During the year 1966 the numbers increased to 136—93 boys and 43 girls, with an age spread as follows:—

6 years of age	3
7 „ „ „	6
8 „ „ „	16
9 „ „ „	12
10 „ „ „	14
11 „ „ „	14
12 „ „ „	23
13 „ „ „	17
14 „ „ „	17
15 „ „ „	14

In view of the increased numbers on the roll, a new hutted classroom was erected during the summer and this was taken into use in September. We now have seven classes as against six previously.

In 1966 there have been more generous gifts to the school—camp equipment from Beecham’s Charity Committee, and a tape recorder and record player from the Ladies’ Committee of the Companions’ Club.

In May the second annual camp was held at Lodge Hill Camp site near Pulborough. This year the party consisted of 28 children—19 boys and 9 girls—and four teachers, and the camp lasted for a week. Camp certificates were awarded for proficiency in certain aspects of camp life—reading a map, using a compass, kitchen craft, etc. The camp proved most successful—the teachers feeling that they really got to know the children better for the camp experiences. At the conclusion of the camp the party was complimented by the County organisers for the efficient way in which the camp was run and the tidy state of the camp site when the party left.

Our third annual sports day took place on Monday, 25th July. We were again fortunate in having fine weather. Events were organized so as to include opportunities for all children to take part, disabled though some of them are physically.

This year we have started a P.E. (Physical Education) Club which meets after school and lasts until about 4.45. The aims of this are to give the children the opportunity to take part after school in an activity which they enjoy, to foster their interest and enthusiasm in physical activity, to extend the range of activities available in the P.E. lesson, to give opportunity for improvement of personal performance, to give the teachers an opportunity for establishing a closer relationship with the children and vice versa, and to increase a sense of social responsibility.

Attendances at the weekly visit to the swimming baths have remained high. Since the school opened, 19 boys and 14 girls have gained beginners’ certificates, nine boys and five girls have gained intermediate certificates, while two boys have advanced certificates.

In November we had a visit from the Little Deerswood E.S.N. School football and netball teams. After we had entertained them to lunch matches were played. George Pringle School won the football match, but lost at netball. A return visit is to take place in 1967.

At the end of the summer term awards were given by Dr. G. H. Pringle, the former Medical Officer of Health, to leavers who 'within the limits of their intellectual capacity, had made the greatest progress towards the achievement of a full and useful life'.

This year as a change from the Christmas pantomime there was a performance by the senior girls of 'The Christmas Story' (consisting of movement to the Pastoral Symphony). This was most reverently and thoughtfully carried out, under the direction of Mrs. D. Dyer, Deputy Head.

As in previous years, many parents have visited the school either to look around and discuss their children or to attend the medical inspection or to join in one of the activities of the school, such as the harvest festival or the carol service.

In 1966 frequent regular visits have been paid to the school by Mrs. Loweth, the Health Education Officer, in connection with Health Education for the senior girls. These are to be followed up by suitable visits to nurseries, clinics, etc.

I would again like to pay tribute to all the teaching staff for their patient understanding and their conscientious and selfless devotion to the many needs of our children and to the ancillary members of the staff who have worked no less nobly."

MALADJUSTED CHILDREN

Day educational treatment of emotionally disturbed children is provided at the Remedial Centre in Richmond Road. I am grateful to the Teacher in Charge, Miss E. Field, for the following report on the work of the Centre during the year:—

"In the eight years that the Remedial Education Centre has been open, it has constantly expanded to include an ever increasing diversity of children with problems. The Centre was originally started by Mr. Dann for maladjusted children of primary school age, and with time has broadened its scope to include children covering an age range of 5 to 18 years.

Two adolescent boys and two girls who were unable to make a satisfactory adjustment to work and society are being helped with remedial teaching and given the opportunity to join in with a group for discussion and creative activities. One boy is excused work by his employer for two hours to enable him to attend the class so that he can learn to read. He has made excellent progress with his reading, and the period of emotional stress, which may have been because of his educational backwardness, has considerably lessened. Another 18 year old boy has now obtained employment in a shop. He is still coming to the Centre, giving up his free afternoon from work to attend.

The Remedial Centre works closely with the Child Guidance Clinic. The children recommended to attend the Centre are seen by the Consultant Psychiatrist, then a full discussion by the Clinic team follows. Attendance

at the Remedial Centre is only one way of offering help to these children. The link with the psychiatric social workers and educational psychologists of the Child Guidance team is most important as this adds an interest, knowledge and insight into the problems at home and school of these children.

Each week an average of 50 children are seen at the Centre for either group or individual sessions. The pupils attend on a part-time basis according to their needs. The problems range from withdrawn, sensitive and depressed children to those suffering from a persistent habit disorder and the school phobic child. The children refusing to go to school are suffering from acute separation anxiety, and at the present time there are nine 'school phobic' children attending at the Centre. Their attendance is on a part-time basis so that they avoid settling at the Centre and isolating themselves from their schools. Many of these children have been successfully returned to school and are attending full-time.

The progress of the autistic girl of 6 years has been rapid. She is now talking fluently and has a good vocabulary. She is writing letters and numbers and enjoying modelling and painting sessions. She is no longer confused and frightened by strange situations and is able to make contact with people. She is very affectionate with the children in her group and is now ready to take a place in a school.

This year has seen an increasing interest in the work of the Centre from several training colleges. Lecturers and students from Brighton and Bognor Training Colleges have visited on several occasions. A student from London University has been visiting the Centre each week to observe the children in the activity groups. Post graduate students taking a sociology course at Sussex University have also made visits to observe the children.

Since September there has been an additional afternoon class with a teacher working mainly with retarded readers. As maladjustment can be linked with backwardness in the basic subjects, any practical measures which might help to prevent this handicap in children are worth trying. The special remedial teacher can make a valuable contribution to the work of this Centre.

The Centre is never closed to pupils after they leave to take up employment. Many past pupils have asked for 'after work' interviews to be arranged at the Centre. Many come to seek advice and help with personal problems."

HOME TEACHING

Home teaching can be of very great value to some handicapped children for whom placement in a special day or boarding school with other children is not practicable or suitable. I am indebted to Mrs. J. R. Bridger for her report on this service during the year:—

"Home teaching is often very beneficial when children have to be absent from school for long periods as after a serious operation, or on account of a chest complaint such as asthma, or epilepsy. Sometimes as in some cases of cerebral palsy, heart disease or dwarfism, it is essential throughout a child's entire school life.

On occasions it has proved beneficial for a child to attend school part-time and receive home teaching part-time, so that he can acclimatise himself gradually to school life again.

Worthing employs two home teachers (in addition to the teacher for the deaf who also makes home visits). At the end of the Autumn Term 1966, 11 children were receiving home tuition, although 15 had been taught at home during the year, and two of these were taught in hospital for short periods. Their ages ranged from 5 to 17 years and in normal circumstances each child received $6\frac{1}{4}$ hours tuition weekly.

Four children taught during the year were spastics, and one of these has now been given a place at Craig-y-Parc Spastic School, Cardiff. Three of the four chest cases suffered from asthma, and one epileptic boy has been promised a place at Lingfield Hospital School for Epileptics. One boy suffered from school phobia, another from dwarfism, and a third (a rubella baby) had a hole in his heart and poor vision. Two mentally disturbed girls were taught at the Durrington Training Centre, and a little boy, suffering from spina bifida was taught at home until he died.

Some of the children who return to school, are not only physically capable of withstanding the demands made upon them by normal school life, but are also free from anxiety regarding their academic ability, as is shown by the following examples:—

(1) The 11 year old boy mentioned in last year's report who had home teaching for 18 months following two attacks of rheumatic fever, was not only awarded a grammar school place, but also came first in his form in his first year examinations at Worthing High School.

(2) A 16 year old boy who suddenly developed school phobia has had to be taught at home while receiving regular psychiatric treatment. At first he was very withdrawn but slowly he gained interest and confidence in his work. After much help and careful planning he returned to school to take the oral examination for his Certificate of Secondary Education examination, and the following week was able to return to school daily to take five written papers, although he insisted that his father waited outside the school in the car so that he could be taken home if necessary. He was eager to take the examination and remarked 'I haven't done all that work for nothing'. He was placed fourth in his form—much higher than he expected. It is to be hoped that his interest in his work will enable him to overcome his school phobia, the cause of which is unknown.

Some handicapped children can never go to school. A 17 year old girl suffering from cerebral palsy has been taught at home from the age of five. Although of very limited ability she has nevertheless greatly benefited from home teaching. She is able to read and enjoys writing; she keeps a most interesting diary. She is able to do all the arithmetic she will need, and has produced some excellent handwork. She is able to take an interest in a number of activities with her parents and has a purpose and interest in life.

These handicapped children meet each other on organised outings and social functions including garden and Christmas parties. The Worthing Companions' Club very generously provide them with a visit to the pantomime, and this is followed by tea with the Mayor at Christmas, and a visit to the Chichester Festival Theatre in the summer."

CHILDREN FOUND UNSUITABLE FOR EDUCATION IN SCHOOL

The term "unsuitable for education in school" has replaced the term "ineducable". This reflects the more positive and hopeful attitude now prevailing with regard to mentally handicapped children. Though ineducable within the present educational system, training and "education" is available through the Mental Health Service, particularly in the Junior Training Centre.

During the year five children were reported to the Local Health Authority under section 57 (4) of the Education Act, 1944 as being unsuitable for education in school.

OTHER SERVICES

Provision of School Milk and Meals:

All school children are entitled to one-third of a pint of milk free every day. This gives a child of 7-10 years about 10% of his daily requirement of protein, 23% of calcium and 6% of calories.

School dinners are becoming increasingly popular, and the number of meals served in 1966 was 1,338,180, 27,413 more than in 1965. Each meal is intended to provide the child with about one-third of his daily total requirement of calories and protein.

The following figures are kindly supplied by the Borough Treasurer and are for the financial year 1966/67. The figures for the preceding year, 1965/66 are given in brackets for comparison:—

Daily average number of children attending school	..	8,594	(8,355)
Daily average number of children receiving $\frac{1}{3}$ pint of milk		6,411	(6,107)
Percentage of children receiving milk .. .. .	..	74.6%	(73.1%)
Daily average number of children taking meals .. .. .	..	6,817	(6,406)
Percentage of children taking meals .. .. .	..	79.3%	(76.7%)

Health Education in Schools:

Full details will be found on page 63 of this report of the work in schools by the Health Education Organiser. The Area Dental Officer also refers to her work in his report on page 105.

School nurses continued to give talks on parentcraft and hygiene as part of the curriculum in some of the schools.

Treatment of enuresis:

Sometimes the condition known as enuresis (bed-wetting) persists after babyhood and the toddler stage into school life, causing the child embarrassment and unhappiness. In recent years increasing use has been made of pad and bell alarms. When the child starts to wet his bed an electric circuit is completed and this causes the bell to ring, thus waking him up. Not all cases are suitable, but properly used this method of treatment can be extremely effective and earn the heartfelt thanks of the child and his family.

During 1966 16 pad and bell alarms (5 more than in 1965) were loaned to school children (10 boys and 6 girls) and in 13 cases there was complete success.

Medical Examination of Entrants to Teachers' Training Colleges and to the Teaching Profession:

No. of examinations for admission to Training Colleges	55	(54)
No. of examinations for entry to the teaching profession	2	(1)
No. of examinations of teachers for other Authorities	—	(11)
	<hr/>	<hr/>
TOTAL ..	57	(66)
	<hr/>	<hr/>

(The figures in brackets refer to 1965.)

School Hygiene and Sanitation:

Public Health Inspectors made visits to schools in connection with the following matters:—

Kitchen inspections	26
Food and Ice Cream Sampling	3
Swimming Bath Sampling	7
Disinfestation (ants, rats, etc.)	6
	<hr/>
Total number of visits ..	42
	<hr/>

INFECTIOUS DISEASE IN SCHOOL CHILDREN

The number of confirmed cases of notifiable infectious disease in school children during the year was as follows:—

Scarlet fever	18
Whooping Cough	5
Measles	167
Dysentery	1

Protection against certain infectious disease is normally carried out in infancy in doctors' surgeries or the infant welfare clinics. Re-inforcing doses fall due at the age of 5 in the case of diphtheria, tetanus and poliomyelitis, and these are often most conveniently given in the schools shortly after the first medical examination. The number of children protected in this way continues to increase and co-operation from teachers and parents is very good. The relevant statistics are set out on pages 56 and 57.

B.C.G. vaccination against tuberculosis is offered to all 13 year old school children at both Local Authority and independent schools. Further details about the scheme are given on page 58.

DEATHS OF SCHOOL CHILDREN

For the first year since 1960 there were no deaths in the Borough among children of school age (5-15 years).

ROAD ACCIDENTS TO SCHOOL CHILDREN

Forty-seven school children were involved in road accidents in Worthing during 1966, an increase of 22 over the previous year. The details were:—

Killed	—	(—)
Seriously injured	19	(9)
Slightly injured	28	(16)
	<hr/>	<hr/>
TOTAL ..	47	(25)
	<hr/>	<hr/>

(The figures in brackets refer to 1965.)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1966.

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(5)	(7)	(8)	(9)
1962 and later	6	6	—	—	—	—
1961	577	577	—	7	40	47
1960	258	258	—	4	16	20
1959	87	87	—	2	2	4
1958	55	55	—	3	—	3
1957	51	51	—	4	2	6
1956	169	169	—	12	3	15
1955	364	364	—	29	11	40
1954	276	276	—	23	7	30
1953	96	96	—	9	—	9
1952	95	95	—	12	—	12
1951 and earlier	890	289	—	85	21	106
Total	2,924	2,924	—	190	102	292

TABLE B — OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections .. 67

Number of Re-inspections .. 447

TOTAL .. 514

TABLE C — INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 6,325.
- (b) Total number of individual pupils found to be infested, 4.
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944), nil.
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944), nil.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

TABLE D — DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin T O	9 —	7 —	3 —	19 —	1 —
5	Eyes—a. Vision T O	7 17	85 16	98 35	190 68	13 —
	b. Squint T O	8 6	— —	4 4	12 10	— —
	c. Other T O	— —	3 —	1 1	4 1	2 —
6	Ears—a. Hearing T O	— 11	— 2	— 15	— 28	3 —
	b. Otitis Media T O	— —	— —	— —	— —	— —
	c. Other T O	— 1	— —	— 1	— 2	1 —
7	Nose and Throat T O	7 5	— —	7 5	14 10	— —
8	Speech T O	7 —	1 —	4 —	12 —	— —
9	Lymphatic Glands T O	— —	— —	— —	— —	— —
10	Heart T O	— 2	— —	— 7	— 9	— —
11	Lungs T O	2 2	— 1	1 2	3 5	— —
12	Developmental—a. Hernia .. T O	— 1	— —	— —	— 1	— —
	b. Other T O	— 5	— —	2 9	2 14	— —
13	Orthopaedic—a. Posture .. T O	— —	1 —	1 —	2 —	— —
	b. Feet T O	1 2	— —	— 2	1 4	4 —
	c. Other T O	4 1	2 3	7 —	13 4	— —
14	Nervous System—a. Epilepsy .. T O	— 1	1 3	1 —	2 4	— —
	b. Other T O	— —	— —	— —	— —	— —
15	Psychological—a. Development .. T O	— —	— —	— —	— —	— —
	b. Stability T O	1 1	— —	— 1	1 2	— —
16	Abdomen T O	— —	— —	— —	— —	— —
17	Other T O	1 4	5 9	8 23	14 36	43 —

T—Treatment. O—Observation.

TABLE E—DENTAL TREATMENT (SCHOOL CHILDREN)—1966

Treatment	Age 5-9		Age 10-14		Age 15 & over		Total—all ages	
	permanent	deciduous	permanent	deciduous	permanent	deciduous	permanent	deciduous
Extractions	8	76	48	15	16	1	72 (46)	92 (326)
Fillings	298	759	858	109	409	3	1,565 (1,232)	871 (960)
X-rays	14	6	43	10	23	2	80	18
Local anaesthetics	11		83		78		172	
General anaesthetics (M.O.)	36		10		2		48 (118)	
General anaesthetics (D.O.)	—		—		—		—	
Teeth made self-cleansing and silver nitrate applied	—	34	—	5	—	1	—	40
Temporary dressings	11	79	38	16	22	1	71	96
Root canal treatment (first)	1	—	4	—	—	—	5	—
Root canal treatment (subsequent)	3	—	12	—	2	—	17	—
Root canal treatment (last)	1	—	4	—	1	—	6	—
Jacket crown (preparation)	—	—	1	—	2	—	3	—
Jacket crown (fit)	—	—	1	—	2	—	3	—
Stoning	2	37	4	10	1	1	7	48
Surgical	—	—	—	—	1	—	1	—
Scale and polish	3	3	4	1	8	—	15	4

(The figures in brackets refer to 1965)

**TABLE F—DENTURES AND ORTHODONTIC TREATMENT
(SCHOOL CHILDREN)—1966**

Treatment	Age 5-9	Age 10-14	Age 15 & over	Total (all ages)
Impression	—	19	8	27
Bite registration	—	16	4	20
Try in	—	—	—	—
Fit denture	—	—	—	—
Fit removable appliance	—	18	2	20 (9)
Upper partial	—	—	1	1
Lower partial	—	—	—	—
Upper full	—	—	—	—
Lower full	—	—	—	—
Ease	—	6	1	7
Orthodontic appliance adjustment	—	114	9	123 (74)
Repairs	—	3	2	5
Inlays preparation	—	—	—	—
Inlays fit	—	—	—	—
Polishing fillings	90	118	50	258
Temporary crown-fit	1	1	1	3
Examination and/or advice ..	283	198	53	534

(The figures in brackets refer to 1965)

TABLE C—HANDICAPPED CHILDREN, 1966

	(a) Blind	(b) Partially sighted	(c) Deaf	(d) Partially hearing	(e) Educationally sub-normal	(f) Epileptic	(g) Maladjusted	(h) Physically handicapped	(i) Speech defect	(j) Delicate	Total
A. Assessed during 1966 as needing special educational treatment at special schools or boarding homes ..	—	—	—	—	10	—	2	1	—	2	15
B. Placed in special schools or boarding homes during year (including those as- sessed before 1st January, 1966)	—	—	—	1	13	—	2	1	—	2	19
C. Awaiting placement on 19th January, 1967 (a) in day schools .. (b) in boarding schools ..	— —	— 1	— —	— —	— —	— —	— 2	1 1	— —	— 1	1 5
D. (1) Number on the registers of (i) Maintained special schools as (a) Day pupils .. (b) Boarding pupils (ii) Non-maintained special schools as (a) Day pupils .. (b) Boarding pupils (iii) Independent schools .. (2) Numbers boarded out in homes and not in- cluded above	— — — 2 — — 2	— — — — — — —	— — — — — — —	— — — 4 1 — 1	67 6 — — — — —	— — — — — — —	— — — 1 — — 2	— 1 — — 1 — —	— — — — — — —	— — — 5 — — —	67 17 — 12 4 3
TOTAL : D (1) and (2)	2	—	—	6	73	—	15	2	—	5	103
E. Number receiving education (a) in hospitals (b) in other groups .. (c) at home	— — —	— — 1	— — —	— — 1	— — —	— — 1	— — 1	— 3 5	— — —	— — 1	— 3 10

(NOTE: This table now excludes children attending the Remedial Centre and the Partially Hearing Unit.)

APPENDIX

CO-ORDINATION OF EDUCATION, HEALTH AND WELFARE SERVICES FOR HANDICAPPED CHILDREN & YOUNG PEOPLE

(As reported to the Borough Council on 6th October, 1966)

Review of Current Practices

(1) *Pre-school Children*: The ascertainment of the physically or mentally handicapped child is often made before starting school, and frequently at a very early age. The suspicion of a potential handicap and its early diagnosis has been facilitated by keeping (since January, 1963) a comprehensive "risk" register. Special attention is paid by doctors and health visitors to babies at risk by reason of unfavourable family history, adverse environmental influences before, during or after birth, or who show suspicious symptoms in the early months of life. After a hospital confinement it is usual for the midwife or obstetrician to report to the Medical Officer of Health any adverse circumstances and any abnormalities found in the baby. This, together with co-operation from general practitioners, is of great assistance in keeping the register accurate and up-to-date, and so enables care and supervision to be given early. The attachment of health visitors to general practitioners has also helped by simplifying exchange of information and improving communications generally.

Whether the investigation into a child's handicap is started by the general practitioner or by the local authority doctor, liaison is usually very good and hospital consultants readily make information available when asked. It is not always routine, however, for copies of letters, reports, etc., to be sent to both parties.

Recommendation:

All hospital consultants should routinely send to the Medical Officer of Health copies of their letters to general practitioners concerning children in their care.

(N.B.—This practice is commonplace in most London Teaching Hospitals and should apply to both pre-school and school-age children.)

(2) *School Age Children*: Since the Medical Officer of Health and Borough School Medical Officer are the same person and the departments are combined, there is no difficulty in maintaining a smooth transfer between the pre-school and school age handicapped child. Many are known about before starting school; others are found at the first routine school medical examination (between 5 and 6 years of age). Some handicaps are such that no special educational treatment is required, e.g. drug controlled epilepsy or diabetes, and few are sent to special schools before the age of seven.

On the 31st December, 1965, the following Worthing children were receiving special educational treatment:—

Category	Day schools	Boarding schools	Other groups	At home	Total
Blind	—	2	—	1	3
Partially sighted	—	—	—	1	1
Deaf	—	2	—	—	2
Partially hearing	—	4	1	1	6
Educationally sub-normal	60	2	—	—	62
Epileptics	—	—	—	—	—
Maladjusted	—	15	17	—	32
Physically handicapped ..	—	—	1	2	3
Speech defect	—	—	—	—	—
Delicate	—	5	—	1	6
Total	60	30	19	6	115

It will be seen that more than half of these children are at a day school for the educationally subnormal, and a close watch is kept on these, with free exchange of information between the School, Education and Health Departments.

The same is true of children being educated at home or in special groups. The latter refer to the Partially Hearing Unit and the Remedial Centre for emotionally disturbed children. Children who attend the Remedial Centre have been referred by the Educational Psychologist, and usually also attend the Child Guidance Clinic. Copies of all letters and reports are routinely sent to the Borough School Medical Officer.

Children at special boarding schools are, of course, seen and examined regularly by the local School Medical Officer, but it might be said that locally it is possible to lose touch sometimes.

Recommendations:

(a) Handicapped children attending boarding schools should be seen once a year during school holidays by a Borough School Medical Officer. The future of the child in relation to its home environment should be discussed with the parents and *their* views sought regarding the continuance of boarding education. It is sometimes the correct course to recommend a return to ordinary schooling for a particular child, even though the handicap itself is unchanged. The Borough School Medical Officer with local information available and knowing the details of personal circumstances is in a much better position to give a widely based recommendation than the local Medical Officer of the Special School and he should retain this overall responsibility.

(b) Because the welfare of the school-age handicapped child is the joint responsibility of the Education and Health Authorities, links with the

Welfare Authority are usually slight at this period of life and could, with benefit, be strengthened. This would apply especially to children who are blind, partially sighted, deaf, partially hearing or physically handicapped. The appropriate Welfare Officer should be advised by the Borough School Medical Officer of the existence of such children when first ascertained, and also of important changes in a child's life, such as admission to boarding school, etc. In the case of certain disabilities, e.g. poliomyelitis, cerebral palsy, mental subnormality, etc., it may well be that a voluntary organisation is already actively involved. If not already aware, parents should be told of the existence of such organisations which often provide useful services and additional help.

(3) *School Leavers and Young Adults*: Handicapped children are normally examined in school during their final year. Advice is then given to the child, his parents and head teacher on any difficulties the child may face, particularly with regard to employment. This information is also available to the Youth Employment Officer, though forms Y9 and Y10 are not completed as a routine for every child for whom there are occupations better avoided. The present practice is to complete these forms for particular children when so requested by the Youth Employment Officer. This officer will in any case see every child and have access to school records which give much background information.

On leaving school co-ordination of health and welfare services are maintained since the same staff are involved and there are therefore no communication difficulties with general practitioners or hospital consultants. This is especially the case for the physically handicapped. Welfare services for this category have been delegated to the Borough and the two handicapped services officers are on the staff of the Health Department. They provide a visiting service of support and advice to the handicapped and their families and regularly meet the local hospital's consultant in physical medicine for discussions on individual patients.

If a handicapped young adult registers as a disabled person with the Ministry of Labour, responsibility to help him with any employment problem rests with the D.R.O. (Disablement Resettlement Officer). Liaison with the Youth Employment Officer is good.

Recommendations:

(a) The examining School Medical Officer should complete a form Y9 or Y10 for every child seen at the final medical examination for whom such advice on employment is appropriate. These forms should be sent directly to the Youth Employment Officer who would no longer need to ask for this information.

(b) In any one year there may be anything up to 20 or more handicapped children in special schools due to leave. In some cases the employment prospects may be poor and there may be complex health and welfare problems. It is proposed that the Borough Education Officer notify the Borough School Medical Officer early in the school year of the names of all the handicapped school leavers in that year. The Borough School Medical Officer would then convene a meeting of all concerned to discuss the problems involved and try to reach an agreed course of action. Such

meetings would probably only need to be held once or twice per year, and it would be left open to the Borough School Medical Officer to invite the officers most concerned—these would normally be the same persons as those who attend the present meeting, but could involve others, e.g. a mental welfare officer, or welfare officer of a voluntary society for particular cases.

Dr. J. A. G. GRAHAM (Chairman)—Medical Officer of Health,

Dr. J. C. AITKEN—Deputy Medical Officer of Health,

Mrs. F. E. DUNN—

Manager, Ministry of Labour Employment Exchange,

Mr. P. L. C. PALMER—

D.R.O. (Disablement Resettlement Officer),

Mr. W. SPRINGETT—Area Welfare Officer,

Mr. J. CLARKE—County Youth Employment Officer.

Mr. R. H. SELMAN—Education Welfare Officer.

14th July, 1966.

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